



Order sheet

This job was sent from:				Please return this job to:					
				Sender □ or					
Company name:				Company name:					
Address:				Address:					
Suburb:				Suburb:					
State:		Post code:		State: Post code:		Post code:			
Phone:		Sent by:		Phone:		Sent by:			
Patient Ref:		Frame descrip		tion:					
Repair description:									
Condition of lenses before sending: Please mark existing damage to lenses: chips, pronounced scratches, craizing, peeling etc. (We recommend you and your customer fill out this section together.) Left lens Please also use this diagram to mark i.e.: hight and position of ptosis bars length for temple extensions/shortening anything you think we might need to know									
Spring Hinges:		☐ Standard repair – Hinge to open and close state.							
Please enclose the whole frame for ANY		□Please lock other side.							
hinge repairs.		□ Replace spring mechanism – Restore spring functionality							
<u>Diamontees:</u>		Please replace missing diamontees.							
		Please rep		ssing and discoloured diamontees.		tees.			
☐ I accept your terms and conditions for replacing diamontees as stated on your web site.									
Re-paint:	1 FCA standard colour:								
2 FCA stand Best eye ma		dard colours:		Front:	nt: Back:				
		atch 🗆		Other requests:					
☐ Please call me regarding:									

Frame Care