



**LENSTEC Toll Free Fax/E-mail Re-Order Form**

**Fax To: 1-866-536-3040 or E-mail To: orders@Lenstec.com**

Order Date: \_\_\_\_\_ Required Delivery Date: \_\_\_\_\_ Surgery Date: \_\_\_\_\_

Account #: \_\_\_\_\_ P.O. #: \_\_\_\_\_ Lenstec Sales Rep: \_\_\_\_\_

Account Name: \_\_\_\_\_ Name of Person Ordering: \_\_\_\_\_

Account Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Type of Order:  Bill & Replace  Bill Only  Add to Consignment  Direct Purchase

Shipping Method:  Ground  Express Saver  2<sup>nd</sup> Day  Standard Overnight

Priority Overnight  First Overnight

**IOL Re-Order Form**

**Surgeon's Name: Dr. \_\_\_\_\_**

Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here
Place IOL Label Here	Place IOL Label Here

Page \_\_\_\_ of \_\_\_\_ No. of Boxes of Cartridges needed with this reorder: \_\_\_\_\_

Fax to: 1-866-536-3040 or E-mail to: [orders@Lenstec.com](mailto:orders@Lenstec.com)

Acct #: \_\_\_\_\_ Order Date: \_\_\_\_\_ Surgeon's name: \_\_\_\_\_ Page \_\_\_ of \_\_\_\_\_

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