

Demetrios Optometrist

60 Golf Club Terrace - Florida - 1709
Practice Nr: 0513377 - Tel: 083 266 5452 - Email: sales@contactlenslink.co.za

Contact Lens Order Form

PATIENT DETAILS

Title + First Name + Surname:	
ID Nr or Date of Birth:	
Cell Nr:	
Work Nr or Other Nr:	
Email:	
Delivery Address: (during the day)	

PRESCRIPTION DETAILS

If you are not one of our patients then we will need to obtain your latest 12 month valid contact lens prescription from your Optometrist. Kindly forward us a copy of your prescription.

ORDER DETAILS

Right Contact Lens:	Quantity:
Left Contact Lens:	Quantity:
Delivery or Collection:	
Payment	<input type="checkbox"/> Claim from Medical Aid (Supply copy of front & back of card)
	<input type="checkbox"/> EFT (Standard Bank Account Nr: 401 291 235)
	<input type="checkbox"/> On Collection (Card/ Cash)
Order Date:	
Patient Signature:	

Email: sales@contactlenslink.co.za
