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Carlsbad, CA 92008

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ClearKone™ Customer Order Form

Name of Practice _____ PO# (Optional) _____

Name of Practitioners: _____

Account # _____ **Order Date** _____ **Customer Contact** _____

Phone _____ E-mail _____

Ship To: Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____

Shipping method: FedEx Ground (3-5 days) \$6.95 FedEx 2-day \$8.95 FedEx Next Day \$14.95

Pricing: \$225 warranted 2-vial pack; \$175 warranted single vial

ClearKone™ Rx Lens Orders:

Patient Name (Please Print)	OD/OS	Vault (100-600 in 50µ steps)	Skirt Curve	Sphere Power	Patient DMV Inserter (\$1.75) please check box if you would like to purchase w/ order	Order Type	QTY
	<input type="checkbox"/> OD <input type="checkbox"/> OS		<input type="checkbox"/> Steep <input type="checkbox"/> Medium <input type="checkbox"/> Flat		<input type="checkbox"/>	<input type="checkbox"/> First Fit <input type="checkbox"/> Fit Exchange <input type="checkbox"/> Reorder	<input type="checkbox"/> 2-pack <input type="checkbox"/> Single vial
	<input type="checkbox"/> OD <input type="checkbox"/> OS		<input type="checkbox"/> Steep <input type="checkbox"/> Medium <input type="checkbox"/> Flat		<input type="checkbox"/>	<input type="checkbox"/> First Fit <input type="checkbox"/> Fit Exchange <input type="checkbox"/> Reorder	<input type="checkbox"/> 2-pack <input type="checkbox"/> Single vial
	<input type="checkbox"/> OD <input type="checkbox"/> OS		<input type="checkbox"/> Steep <input type="checkbox"/> Medium <input type="checkbox"/> Flat		<input type="checkbox"/>	<input type="checkbox"/> First Fit <input type="checkbox"/> Fit Exchange <input type="checkbox"/> Reorder	<input type="checkbox"/> 2-pack <input type="checkbox"/> Single vial
	<input type="checkbox"/> OD <input type="checkbox"/> OS		<input type="checkbox"/> Steep <input type="checkbox"/> Medium <input type="checkbox"/> Flat		<input type="checkbox"/>	<input type="checkbox"/> First Fit <input type="checkbox"/> Fit Exchange <input type="checkbox"/> Reorder	<input type="checkbox"/> 2-pack <input type="checkbox"/> Single vial
	<input type="checkbox"/> OD <input type="checkbox"/> OS		<input type="checkbox"/> Steep <input type="checkbox"/> Medium <input type="checkbox"/> Flat		<input type="checkbox"/>	<input type="checkbox"/> First Fit <input type="checkbox"/> Fit Exchange <input type="checkbox"/> Reorder	<input type="checkbox"/> 2-pack <input type="checkbox"/> Single vial
	<input type="checkbox"/> OD <input type="checkbox"/> OS		<input type="checkbox"/> Steep <input type="checkbox"/> Medium <input type="checkbox"/> Flat		<input type="checkbox"/>	<input type="checkbox"/> First Fit <input type="checkbox"/> Fit Exchange <input type="checkbox"/> Reorder	<input type="checkbox"/> 2-pack <input type="checkbox"/> Single vial

Additional Comments: _____

Warranted SynergEyes® contact lenses may be returned within 90 days of shipment for full credit or exchange. Warranted lenses are eligible for 3 FREE exchanges. Each exchanged lens carries a 90 day warranty. Lenses must be returned in their original vials to be eligible for credit. For complete policy information, please refer to the SynergEyes Pricing, Policies and Procedures Booklet. Patient DMV inserters cannot be returned.