

the GREAT eyedeal™

ORDER FORM

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Item Number	Item Description	Case	Unit	Price	Quantity	Total Cost
PF924001	Pre-Appointment Visit Labels	pad	100	\$50.50		
PF923292	HIPPA Notice of Privacy Practices	pkg	50	\$3.50		
PF920942	Generic "Fee" Slip	pkg	100	\$4.00		
PF920132	Prescription Form Spec/CL	pkg	50	\$3.00		
PF910364	Super Bill without Devices	pkg	50	\$2.50		
PF921056	Paper Temple Specs	box	50	\$14.50		
PF923318	HIPPA Access To Records Form	pkg	50	\$2.50		
PF923946	HIPAA Small Acknowledgement of Receipt	pad	50	\$2.28		
PF900936	Contact Lens History Cards	pkg	500	\$29.50		
PF923334	HIPPA Authorization of Info	pkg	50	\$2.50		
PF923326	HIPPA Privacy Complaint Form	pkg	50	\$4.50		
PF921825	Generic Lifestyle Rx w/CL	pkg	100	\$6.50		
PF911446	Cl2 Pvc C/L Rx 100/Pkg (Small)	pkg	100	\$5.15		
PF908921	Supp Exam. Card-2 Pkg. 100	pkg	100	\$5.00		
PF920116	TPA Prescription Pad	pkg	50	\$2.04		
PF911461	Doctor's Complete Rx	pkg	100	\$4.00		
PF909994	4 x 6 File Jackets	box	250	\$35.00		
PF910190	5 x 7 File Jackets	box	250	\$36.24		
PF909317	5.5 x 8.25 File Jackets	box	250	\$35.68		
H-100	Combo Rx Form	box	150	\$8.25		

PLEASE COMPLETE THE FOLLOWING INFORMATION: (PLEASE PRINT CLEARLY)

Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Comments: _____

TOTAL _____

SALES TAX _____

FREIGHT _____

GRAND TOTAL _____

Please indicate method of payment:

I am a subleased or independent doctor and will pay via: MasterCard Visa American Express

Credit Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____