PHONE: 800-828-9030

FAX: 800-356-8056

BAUSCH & LOMB VISION CARE
PATIENT ORDER FAX FORM

☐ **Overnight**

Account #:	Page: of
Account Name:	Date:
Address:	P.O. #
Phone #:	Contact Name:
Fax #:	Order # (office use only):

LENS TYPE	* PACK SIZE	BASE CURVE	POWER	CYL	AXIS	TINT	QTY	PATIENT/ REFERENCE	OFFICE USE ONLY

*Please specify pack size in *vial, trial or multipack* (ex. 6pk).
Visit our website at (*www.bausch.com*).

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