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Customer ID	Firm
Date	Order
Address	
Delivery	Zip Code
City	State
Phone	FAX



CUSTOM Order Form:

MODEL NUMBER: _____ SIZE: S M L

FRONT COLOR: _____ MATT SHINY

TEMPLE COLOR: POLYMER METAL _____ MATT SHINY

TEMPLE LENGHT: 125 130 135 143

NOSE PADS: YES NO

HARDWARE: SILVER GOLD GUN

ENGRAVING:

ENGRAVING COLOR: SILVER GOLD BLACK WHITE GREEN BLUE RED YELLOW

ADDITIONAL NOTES: _____

Patient Name Phone Number email: Other: Rx Lens Orer Sent? Y/N Opticain / Sales Associate: Manager Review:	Patient Account Number Invoice # Amount (in full) Patient Signature _____ <small>By signing the patient agrees to a custom frame order as detailed on this form. Custom orders must be paid in full prior to processing. Refunds are not available on custom made products, however, we know you will love your custom frame or we'll remake it. Changes to this order may carry additional charges. Some restrictions apply.</small>
FOR LAB USE ONLY	
Order Method: Web/Fax/email Date Ordered: Date Received: Tray Number:	Emp Initials NOTES