



Eyeglass Adjustment or Repair

Patient Name _____ Date _____

Reason for visit:

- Eyeglasses don't feel comfortable / frame does not fit right / frame slips.
- Frame or lens is broken. Repair needed.
- Lenses are scratched.
- Not seeing well with eyeglasses.
- I want to select new glasses or sunglasses.
- Other _____

----- For Staff Use Only -----

Last exam date _____ Recall date _____ Type of insurance _____

- Patient notified
- Appt. scheduled

Warranty status _____

- Frame adjusted: Successful Success uncertain
- Repair or replace: Nosepads Temples Front Lens R L both

Notes _____

Charges today _____

Shipping and handling _____

Total _____



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