

OPS Eyewear
order form
fax +32 (0) 3 293 51 17



Optician : _____ Date : _____
Address : _____ Ref. : _____
Town : _____ Customer name : _____
Phone/fax : _____ Email : _____
Contact Person : _____

Size

- S (3 to 5 years)
- M (5 to 8 years)

Color

-  BS - steel blue
-  P - pink

Prescription (left or right)

R S _____ C _____ as _____ Pr _____ B _____
 L S _____ C _____ as _____ Pr _____ B _____
Pd _____(R:_____ L:_____)

H mid. caliber
or : _____



Agreement signature/Stamp:

Questions? Tel: + 32 (3) 293 51 16
E-mail: Sales@eyewear.be