

South East Eyecare CL Order/Quote Request

Please note that contact lenses are a medical device. As such, they require a valid prescription in order to make a purchase. We are unable to fill expired prescriptions. If your most recent contact lens prescription from our office is expired, but you are on a 2-year recall for a routine eye examination, your prescription may be extended at the discretion of your optometrist. Contact lens prescriptions will not be extended past your recall date, except in extreme situations (for example, the COVID-19 pandemic).

Contact Name: _____

Email or Phone Number: _____

XX

Patient name: _____

Patient Date of Birth (DD/MM/YY): _____

I would like to: Place an order Get a Quote

What kind of CL do you wear? **How many boxes do you want to order?**

Daily Disposable	(1) 30 pack/eye (total of 2 30pks)
	(1) 90 pack/eye (total of 2 90pks)
	(2) 90 pack/eye (total of 4 90pks) **qualifies for SEE CL Promo
	Other: _____ (for patients who wear CL in one eye only, want only 1 box, etc)

Monthly Disposable	6 month supply for each eye (total of 2 6pk)
	Year supply for each eye (total of 4 6pk) **qualifies for SEE CL Promo
	Other: _____ (for patients who wear CL in one eye only, want only 1 box, etc)

**The South East Eyecare Contact Lens Promo: For every year supply of monthly lenses (or 6 month supply of daily lenses), you will be given a \$50 in-store credit to be used towards future product purchases. For patients who wear lenses in only one eye, a \$25 in-store credit will be applied. This can be used towards glasses, contact lens solution, drops, or your next contact lens order. It is not transferrable.

Do you need any other CL products?	Contact Lens Solution
**Only available for pick-up orders	Clear Care Optifree Saline (for Rinsing)
	Eyedrops
	Please specify: _____

At this time, our office is able to accept cheque, e-transfer, VISA, and Mastercard. We are also able to direct-bill many insurance companies. We offer contact-free pick-up at our office or free direct shipping from the manufacturer.

Please fill out the following billing & shipping information (not required for quotes). If your email address is provided, a copy of your receipt will be emailed to you as soon as the transaction is complete.

Method of Payment:

Please submit directly to my insurance company

**If you have not signed an electronic authorization and consent form, it is available on our website

Credit Card Name on Card: _____

 VISA Card #: _____

 Mastercard Expiry Date (MM/YY): _____

E-transfer Please send to southeasteyecare@gmail.com

(You will be contacted with the amount owing.)

Please contact me to arrange payment

Shipping Method:

Contact-free pick-up at our office (102 Souris Ave, Estevan)

Free shipping (Please verify your shipping address)

Street/PO Box	Town/City	Prov	Postal Code
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Thank you for your request. Your vision and eye health are important to us, and we appreciate your support of our business! A member of our staff will contact you if there is any additional information needed to complete your request. If your contact lens prescription is not from our office, please send it via email (southeasteyecare@gmail.com) or fax (306-636-2075). Please do not hesitate to contact our office if you have any questions or concerns at any time.