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Custom Plastic Reproduction Form

Company Name _____

Address _____

Date _____ **Order Number** _____

Phone Number _____

Patient Name _____

Inscribe Patient Name inside temple YES _____ NO _____

Hand Made in England inscribed inside temple YES _____ NO _____

Name of frame to duplicate _____

Frame Size "A" _____ **"B"** _____ **D.B.L IN M.M.** _____

Color _____

Temple type and length _____

Number of frames to make _____

Insert demo lenses into frame. Yes _____ No _____

Additional information _____

Special instructions _____

Authorized Signature _____