KONTUR LAB EXISTING PATIENT ORDER FORM (ONLY TO BE USED FOR EXISTING PATIENTS)

PLEASE CALL FOR PRICING

ACCOUNT NAME	ACCOUNT NUMBER		UMBER
TEL :	FAX:	ZIP C0	ODE
PATIENT'S FULL NAME		D.O.B	PREVIOUS PATIENT: YES
TRANSLUCENT ENHANC	EMENT TINT DESIRED COLOR	RS:	
KONTUR BROWNKONTUR GREEN	KONTUR MAGENTAKONTUR BLUE	KONTUR AMBER KONTUR BLACK	<u> </u>
KONTUR BROWN COLOR SOLID or WITH CLEAR P	RS AVAILABLE: UPIL or WITH BLACK PUPIL		
ZELTZER X-CHROM for c	olor deficiency – 1 SINGLE LENS	6.0mm pupil only – PLEA	SE CALL FOR PRICING
KONTUR MAGENTA – NO	RETURN NO EXCHANGES – E	XACT MATCH	
** BLACK OUT &	WHITE OUT ENTIRE I	LENS WITH CLEA	AR PUPIL WILL BE
AVAILABLE BY 06	5.01.2025 **		
Black-Out entire lens with clea	ar pupil solid		
White-Out (entire lens white	out) with a clear pupil (size)	solid	
LENS BRAND AND SPECI		ILL SUPPLY THE KONT	
PUPIL AND IRIS SPECIFIC	OS		
Pupil Diameter: CLE	AR PUPILBLACK PUPIL	** we tint iris SOLID unlo	ess it is specified **
Iris Diameter: REMA	RKS:		EMAIL: info@techcolors.com
	arranted Against Fading Up To 1 Yades, please return the lens back to us		he lens is in a good condition
PRICING THAN OUR	MATCH ORDERS ARE COMMATCH ORDERS STANDART AIC ORDERS ONTUR" patients will be conto AIC pricing **	**	
ORDER AUTHORIZED BY	:		
	BE DISPENSED RIGHT AWAY		

ADVENTURE IN COLORS 303-271-9644 fax: 303-271-0759

TORN LENS HAS TO BE RETURNED **