DESIGNER OPTICAL

INVOICE
#000000
Date: [Date]

Provider:
[Clinic/Store Name]
[Address Line 1]
[City, State, Zip]
Client:
[Customer Name]
[Phone Number]
[Email Address]

ITEM DESCRIPTION	BRAND/MODEL	QTY	PRICE	TOTAL
Optical Frame	[Brand/Color/Size]	1	$0.00	$0.00
Lens Treatment	[Type]	1	$0.00	$0.00

PRESCRIPTION DETAILS

	SPH	CYL	AXIS	ADD
OD (Right)		-	-	-
OS (Left)		-	-	-

PD: [Measurement] mm

Subtotal:$0.00
Tax:$0.00
Total:$0.00

Thank you for choosing Designer Optical.
Frames carry a 1-year manufacturer warranty. Lenses are custom-made and non-refundable.