

Form for purchase of eyeglasses

Please attach the optician's original invoice together with this form

Invoice no.	_____
Certified optician (Stamp & signature)	_____

Customer	_____
Name	_____
Address	_____
Civil reg. (CPR) no.	_____

Eyeglass prescription after refraction

	Sph	Cyl	Axis	Add
R:				
L:				

Single vision glasses: Multifocal glasses: Sunglasses:

Price & currency	
Frame	_____
Lens (<i>right</i>)	_____
Lens (<i>left</i>)	_____
Total	_____
Discount	_____
Co-payment	_____

Amount received on	<u> Date </u>	/	<u> 20 </u>
Delivery	<u> Date </u>	/	<u> 20 </u>

Denne blanket sendes til Sygeforsikringen "danmark" sammen med den originale regning.