Order Requested	
Initials:	

Request for Service Form

Practice Name / Branch: _____ Date Received: _____

Patient Name: _____ Account #:_____

(Tick) Services Required	Observations & Comments	Initials
☐ Clean & Seal Soft Lenses ☐ Autoclave Soft Lenses ☐ Polish Hard Lenses	☐ R ☐ L	
☐ Tint (please specify)	☐ R ☐ L	
☐ Other (please specify)	☐ R ☐ L	
☐ Parameter Check & Modification	☐ R ☐ L	

		BC	OD	P	CYL	AXIS	TINT	DESIGN
1	R							
1	L							
2	R							
2	L							

Order Receipt			
Date:		Order No:	

Order Release			
Date:		Initials:	

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Fax: +61 8 9443 4147
Email: info@gelflex.com
Toll Free Ph: 1800 998 071

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Effective Date: 7-May-18