



Lens Shapers Inc.

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Tel: 905-624-3838 | Fax: 905-624-3828

Email: accounts@lens-shapers.com

Invoice

154070

SHIP TO

Account #

Inv # 154070

TEST



TEST CUSTOMER

TEST ADDRESS 1

TEST ADDRESS 2

TEST CITY

ON

TEST ZIP

T: 555-555-5555

ORDER

Invoice # 154070

Order # F13951

Patient SAMMAR

Tray # 495

Job Type Edged

Frame Status Frame enclosed

Date In 10-Aug-2016

Ship Via ICS Courier

Shipped

TECHNICAL

	Sph	Cyl	Axis	Prism
R	-1.50	-2.00	54	
L	-2.25	-0.50	146	
	PD			OC Ht
R	31.00			14.00
L	30.00			14.00

LENSES

R SV Stock Poly AR EC

L SV Stock Poly AR EC

FRAME

A	B	ED	DBL
50.00	28.00	52.00	18.00
Groove			
Pof			

COMMENTS

BILL TO

Account # TEST

TEST CUSTOMER

TEST ADDRESS 1

TEST ADDRESS 2

TEST CITY

ON

TEST ZIP

T: 555-555-5555

PRICING

RIGHT LENS	10.50
LEFT LENS	10.50
Groove Frame	6.50
Edge Polish	4.00

Subtotal 31.50

Handling 0.00

Tax 0.00

Discount 0.00

TOTAL 31.50