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INVOICE



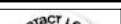
BILL TO	SHIP TO
3882 SUMMIT VISION CARE	SUMMIT VISION CARE
615 MITCHELL WAY	615 MITCHELL WAY
SUITE #103	SUITE #103
ERIE CO 80516	ERIE CO 80516

Local Courier	Sale	PO / RX					
K1	K2	AXIS	SPH	CYL	AXIS	VERTEX	PATIENT
R							
L							

	BASE CURVE	AXIS	SPH	Cyl	AXIS	DIAMETER	MATERIAL LOT # / MFR
R	6.75		-9.50			16.70	F2300671
	Back optical diameter		9.70	Reference SAG		5.43	Lens center thickness 0.250

	BASE CURVE	AXIS	SPH	Cyl	AXIS	DIAMETER	MATERIAL LOT # / MFR
L	7.03		-8.25			16.70	F2300671
	Back optical diameter		9.70	Reference SAG		5.16	Lens center thickness 0.250

QTY	MODEL	MATERIAL	PRICE
1	MAXIM STANDARD	Optimum Extra 17mm Clear	211.03
	DOT ON RIGHT		0.00
	Tangible Hydra-PEG Group		25.00
	6 Month No Return (No lens return req.)		0.00
1	MAXIM STANDARD	Optimum Extra 17mm Clear	211.03
	Tangible Hydra-PEG Group		25.00
	6 Month No Return (No lens return req.)		0.00
<u>Please note if this order is requested in Valeant material, Boston or Paragon branded, it will reflect a \$5.00/\$10.00 surcharge within the pricing.</u>			

	SUB TOTAL		SHIPPING	POSTAGE	SALES TAX	TOTAL	
	\$472.06		\$4.00		\$0.00	▶	\$476.06
	INVOICE NO	DATE	REFERENCE	TRAY	DATE IN	DATE OUT	
	23-212049	9/5/2023	AV7654		9/3/2023 08:33	9/5/2023	RX Only

