

# Henry Beaumont Eyewear

Complete with lenses

**HB W-**

Account No:	Date:
Practice Name:	Ref:
Address:	Tel:
	Postcode:

LENS TYPE										Stock <input type="checkbox"/>	Surface <input type="checkbox"/>
Diameter	Precal	Tint		LTF			Coating				
R	SPH	CYL	AXIS	PRISM	BASE	ADD	DCD	NCD/INSET	HEIGHT FROM DATUM		
L										EXACT	NEAREST

BOX MEASUREMENTS		SPECIAL INSTRUCTIONS
A		SUPRA GLAZING: IF A STOCK LENS DOES NOT PROVIDE A MINIMUM 2MM EDGE THICKNESS SURFACED PRECAL LENS IS ADVISED.
B		

HENRY BEAUMONT FRAME	Range .....
Enclosed <input type="checkbox"/> Supply <input type="checkbox"/>	Eye Shape <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Chosen Colour <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Size <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

**PLEASE SEND TOP COPY AND KEEP BOTTOM COPY FOR YOUR RECORDS**

FOR INTERNAL USE ONLY	
Order Received	HB Invoice no.
Lens Dispatch Note	Checked & Dispatched

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