

OPTICAL FRAME REPAIRS

Repair Order Form

Optical Frame Repairs Ltd
Unit 6, 14 Acheron Drive
Riccarton, Christchurch
Ph 03 343 0380 or 021-244-5178
Email : rob@ofr.co.nz

Customer Details

Company Name : _____
Contact Name : _____
Work Phone : _____
Mobile Phone : _____
Physical Address : _____
Postal Address : _____
Email : _____

Date: / /

Client Reference Details

Frame Details

Frame Type : Rimless Semi Rimless Fully Rimmed N/A
Frame Construction : Metal Plastic Titanium Stainless Steel Not Sure
 Other _____
Frame Details : Make _____ Model _____ Colour _____

Repair Details

Repair Area : Left Side Right Side Both Sides N/A

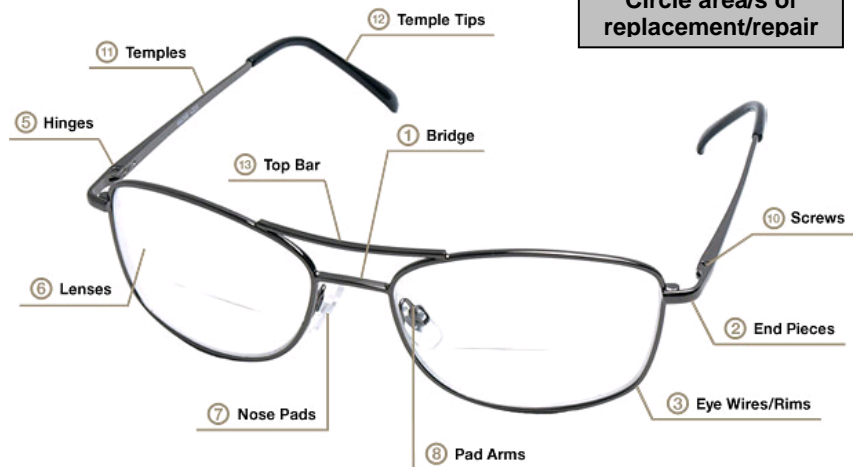
Repair/Replace (as below)

- | | | |
|---|------------------------------|-------------------------------|
| <input type="checkbox"/> Temple/s | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> Temple Tip/s | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> Bridge | | |
| <input type="checkbox"/> Top Bar | | |
| <input type="checkbox"/> Hinge/s | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> End Piece | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> Eye Wires/Rims | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> Pad Arms | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> Nose Pads | <input type="checkbox"/> One | <input type="checkbox"/> Both |
| <input type="checkbox"/> Screws | <input type="checkbox"/> One | <input type="checkbox"/> Both |

Other

- Inserted Joint
 Rivet Joint
 Nylon Cord
 Fig 8 Cord
 Lens _____

Circle area/s of replacement/repair



Special Instructions

Note: Please enclose this form together with complete frame and lenses if possible