BAUSCH + LOMB

Revive™ Order Form

To order, complete this form and click "Email Your Order" to email this PDF as an attachment to **svp.consultation@bausch.com**. This form may also be printed and faxed to **(800) 899-5612**.
Please call Consultation if you have any questions or need assistance with your order at **(800) 253-3669**.

Date: _____

1 Practice Details

Practice Name: _____

Account #: _____

Email Address: _____

Order Placed By: _____

Patient Name: _____

MAILING INFORMATION

○ Office Address ○ Patient Address

Shipping Address: _____

Shipping Address 2: *(if applicable)* _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: ○ United States ○ Canada

2 Order Type

○ New Order

○ Remake Under Warranty
If remake, complete previous order number and skip to Step 5 "Special Instructions".

Previous Order Number: _____

3 Lens Type *Indicate desired design and quantity required*

OD	OS
○ Sphere	○ Sphere
○ Toric	○ Toric
○ Multifocal	○ Multifocal
○ Multifocal Toric	○ Multifocal Toric
Quantity: _____	Quantity: _____

Is consultation required?

○ Yes *If "Yes", proceed to Step 4A.*

○ No *If "No", proceed to Step 4B.*

4A Consultation: Lens Specifications

	OD	OS
KERATOMETER READINGS		
SPECTACLE RX		
ADD POWER		
HVID	mm	mm
AVERAGE PUPIL DIAMETER	mm	mm
EYE DOMINANCE	☐	☐

4B No Consultation: Lens Specifications

	OD	OS
BASE CURVE	mm	mm
DIAMETER	mm	mm
SPHERE		
CYLINDER		
AXIS	degrees	degrees
ADD POWER		
CENTER-NEAR ZONE DIAMETER	mm	mm

5 Special Instructions

Please indicate any requests for expedited shipping (overnight) or any other specific needs for your order.

EMAIL YOUR ORDER

RESET PATIENT INFORMATION

Your order form will be sent as an attachment in your preferred email application.

BAUSCH + LOMB

Please see www.bauschsvp.com for important safety information.

If you have any questions, please call consultation at (800) 253-3669