



Lab Processing
1-800-314-8023

Please type in form and send with your eyeglasses

Name _____

Address _____

City _____ State _____ Zip _____

Daytime Phone # _____

Email Address _____

Please check services requested _____

Eyeglass Repair Lens Replacement Clip-ons

Shipped Via

US Postal UPS Fedx Other _____

Date Shipped _____

Shipping Address: Eyewear Repair Express
2706 Clairmont Rd. NE
Atlanta, GA 30329
P. 404.486.0603
F. 404.638.6228

INTERNAL USE ONLY

Please print form and send with your eyeglasses

Date Received _____

Received By: _____

Technician Inspection Comments and Frame Description:

Large rounded rectangular box for technician comments and frame description.