80 Industrial Rd.
Ste E.,Lodi, NJ 07644

Tel: 201-535-4300
icadlaboratory.com

For Lab Use Only

Order Date: ______________ Due Date: ______________

Dr. Name: ______________ License #: ______________

Practice Name: ______________

Patient Name (Please Print): ______________

Shade

____

☐ Posterior Occl. Stain

R 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 L

R 32 31 30 29 28 27 26 25 24 23 22 21 20 19 18 17 L

Please print detailed instructions to avoid processing errors:

We Need: ☐ Bags ☐ Rx Pads ☐ Mailing Labels

Doctor Signature: ______________

I agree full remittance of charges incurred by this prescription is payable within fifteen days of receipt of statement and further agree to pay all costs incurred in collection should I default, including without limitation, reasonable attorneys fees and a monthly service charge of two percent of outstanding balance.

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