

Patient's Own Frame Order with Waiver

Please print out this form, fill it out as clearly as possible in capital letters, include a copy in your shipping package and keep a copy for your own records.

Date Shipped: _____
First Name: _____
Last Name: _____
Daytime Phone: _____
Email Address: _____
Shipping Address: _____

Frame condition:

In the event that your frame is not suitable due to wear, defective hinges, broken parts, we cannot guarantee that we will be able to use your frame. We will then send it back to you or give you the option to purchase a new similar frame.

***Please Note:** FramesDirect.com is not responsible for damage or breakage to customer's own frame, new or used, if only prescription lenses are ordered.*

- Patients Own Frame Waiver -

I understand that by using a frame I did not purchase from FramesDirect.com within the past year, I cannot hold FramesDirect.com responsible in the event my frame breaks during the insertion or removal of lenses. In the event that my frame does break, I understand that I will still be responsible for the cost of the lenses.

Signature

Date

Mail to:
Frames Direct
ATTN: NEW ORDERS
2801 S IH 35, Suite 170
Austin, TX 78741

When shipping your frame to us, please use a shipping provider with tracking and insurance such as UPS, USPS, etc.