

- Orders
- Subscriptions
- Vision Tests
- Finish Registration

Orders



#91409721  
**10 Canal St**  
**Suite 205**  
**Bristol, PA 19007**

Bill To

**Joseph Mahoney**  
  
3790 Oakwood Drive  
  
Longmont, Colorado 80503  
United States  
Phone: 8057983430  
Email: berchman@mac.com

Ship To

**Joseph Mahoney**  
  
3790 Oakwood Drive  
  
Longmont, Colorado 80503  
United States  
Phone: 8057983430  
Email: berchman@mac.com  
Order:  
#91409721  
Payment Method:  
MASTER (\*9202) \$83.03  
Order Date:  
Wed Mar 05 2025  
Shipping Method:

Order Items

| Qty | Code/SKU   | Product Name                     | Price   | Total   |
|-----|------------|----------------------------------|---------|---------|
|     |            | Acuvue Oasys Multifocal (6 Pack) |         |         |
|     |            | Right Eye (OD):                  |         |         |
|     |            | 1                                |         |         |
|     |            | Power (OD):                      |         |         |
|     |            | Select                           |         |         |
|     |            | BC (OD):                         |         |         |
|     |            | 8.4                              |         |         |
|     |            | Diameter (OD):                   |         |         |
|     |            | 14.3                             |         |         |
|     |            | Add (OD):                        |         |         |
|     |            | Med                              |         |         |
|     |            | Left Eye (OS):                   |         |         |
|     |            | 1                                |         |         |
|     |            | Power (OS):                      |         |         |
|     |            | Select                           |         |         |
| 2   | 4362-2362u | BC (OS):                         | \$29.95 | \$59.90 |
|     |            | 8.4                              |         |         |
|     |            | Diameter (OS):                   |         |         |
|     |            | 14.3                             |         |         |
|     |            | Add (OS):                        |         |         |
|     |            | Med                              |         |         |
|     |            | Patient Name:                    |         |         |
|     |            | Joseph Mahoney                   |         |         |
|     |            | Doctor/Clinic Name:              |         |         |
|     |            | John Daw                         |         |         |
|     |            | Doctor Phone:                    |         |         |
|     |            | 303-678-2985                     |         |         |
|     |            | Start Subscription:              |         |         |
|     |            | No                               |         |         |
|     |            | Subscription Frequency:          |         |         |
|     |            | Every 3 Months                   |         |         |
|     |            | Subtotal                         |         | \$73.08 |
|     |            | Shipping                         |         | \$9.95  |
|     |            | Processing Fee                   |         | \$13.18 |
|     |            | Paid in Full                     |         | \$83.03 |



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100% Satisfaction Guarantee

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