

# Good Faith Estimate

**Max Optics - 12639 US 19, Hudson, FL 34667 (727) 863-4444**

Patient Name _____	D.O.B. _____
Address _____	City/State _____ ZIP _____
Phone Number _____	Email _____ @ _____

V2020	Frame ( _____ )	\$
V2100-V2114	Single-Vision Lenses	\$
V2200-V2214	Bifocal Lenses	\$
V2300-V2314	Trifocal Lenses	\$
V2781	Progressive Lenses	\$
V2784	Polycarbonate	\$
V2783	High-Index	\$
V2745	Tinting	\$
V2750	Anti-Reflective	\$
V2744	Photochromic	\$
V2762	Polarization	\$
V2520	Contact Lens Spherical	\$
V2521	Contact Lens Toric	\$
V2522	Contact Lens Bifocal	\$
	Other _____	\$
	Other _____	\$
	Other _____	\$
	<b>Total Expected Cost of Eyeglasses</b>	\$

Optician Signature \_\_\_\_\_

Today's Date \_\_\_\_\_

**This Good Faith Estimate expires in 30 days**