

**Patient's Own Frame (POF) Waiver for Custom Lenses**

Please print out this form, fill it out as clearly as possible in capital letters, include a copy in the package you are sending 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:** Heavyglare.com is not responsible for damage or breakage to customer's own frame, new or used, when only prescription lenses are ordered. There is a **\$15.00** for using your own frame.

**- Patients Own Frame Waiver -**

I understand that by using a frame I did not purchase from [Heavyglare.com](http://Heavyglare.com) within the past year, I cannot hold [Heavyglare.com](http://Heavyglare.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:**

Heavyglare Eyewear  
ATTN: NEW LENS ORDERS  
14055 Grand Ave  
Burnsville, MN 55337

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

**DO NOT FORGET:** to include a copy of your **valid** prescription