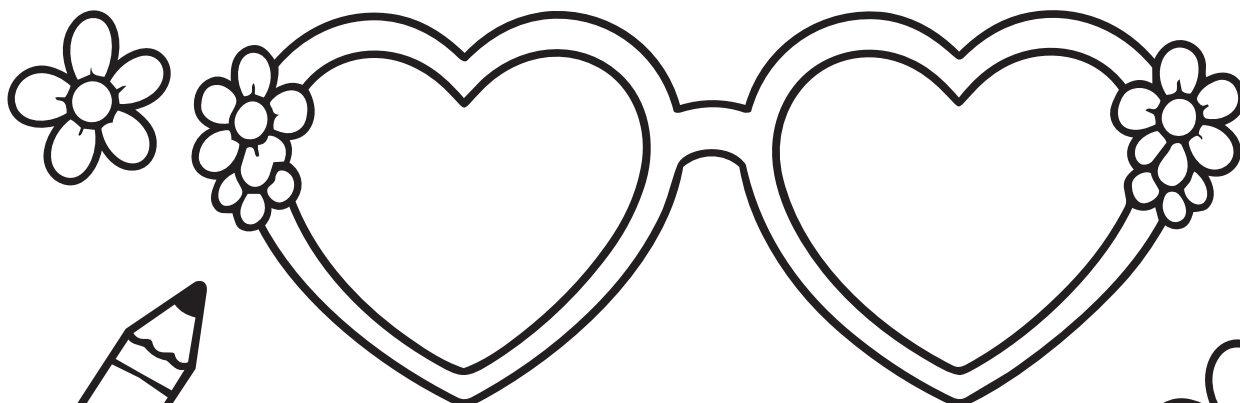
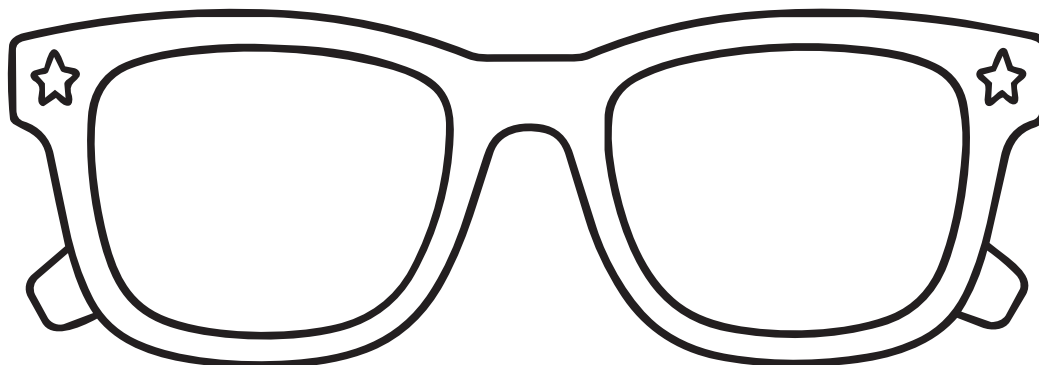
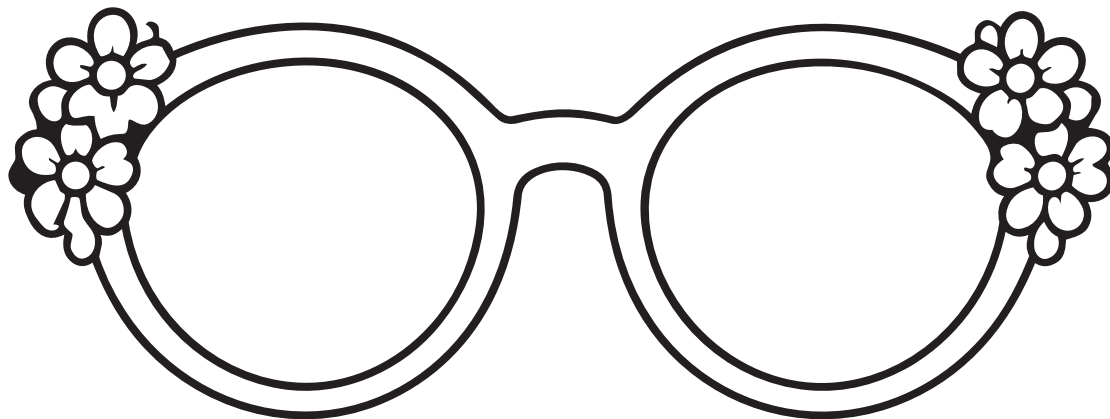


DESIGN YOUR DREAM GLASSES

EyeQ
OPTOMETRISTS



Add your colours, patterns
and favourite details!

Name: _____ Age: _____ Parents phone number: _____