

EXPANDED DESIGN SURVEY

FASHION
Optical
DISPLAYS
NATIONWIDE

Please fill out this portion if you are utilizing our full Office Design Service (includes space planning for the entire office). *Note: There is a one-time fee for this service which can be credited back upon any order over \$5,000. Please call us for a quote.*

PRACTICE NAME

CONTACT PERSON

TITLE

MAILING ADDRESS

CITY/STATE/ZIP

PHONE

OFFICE

CELL

HOME

BEST TIME OF DAY TO CALL

EMAIL

WEBSITE

OTHER CONTACTS WORKING ON THIS PROJECT:

GENERAL INFORMATION

The number of professionals occupying this location are:

ODs: _____ MDs: _____ Opticians: _____

This project is a: new office remodel relocation
 satellite other

Your physical location would be best described as a:

stand-alone building professional building
 hospital/medical center shopping center/strip mall

Is the office on the ground floor? yes no If not, what floor? _____

Elevator access? yes no

Please provide elevator door opening and internal measurements:

Door opening: _____

Inside measurements: _____

H _____ W _____ D _____

If you have any questions,
please call us toll-free
800-824-4106

When will the project be completed?

My building is: owned rented leased
If leased, is lease signed? _____ If not, when? _____

Name of architect: _____ phone: _____

Name of contractor: _____ phone: _____

Describe your expected clientele:

- professional family children
 upper income middle income low income

Describe your present décor and layout and what problems you wish to address:

Describe your existing displays and furnishings and what problems you have:

How would you best describe the image you would like to project with your new design?

RECEPTION

Are you in the market for new waiting room furnishings? yes no

If so, how many chairs do you require? _____

Do you require any of the following:

- kids play area refreshment area
 patient rest room patient education with video

BUSINESS OFFICE

Your business area preference is:

- an enclosed business office with payment window an open reception desk

Would you like:

- separate "check-in" and "check-out" areas lower ADA counter

stations required: _____

of computers required: at reception desk _____ in business office _____

FILES

I have electronic medical records. I am in the market for new file cabinets.

I have existing file cabinets I wish to re-use:

How many? _____ Measurements: W _____ D _____

THE DISPENSARY

How many people will be working in the dispensary?

Are exterior windows to be used for display? yes no

Do you require a separate entrance? yes no

Additional waiting? yes no Separate payment area? yes no

Display style preference (refer to catalog):

Designer series displays (with storage below) Which style? _____

Elements Impressions Omni

Paramount/Aspire: illuminated -or- non-illuminated

Legacy Collection

Ovation/Capri

Infinity Collection

Other

What is the expected ceiling height?

How many frames do you wish to display?

Mens #: _____ Womens #: _____ Kids #: _____ Sunwear #: _____

High-end frames #: _____ Other #: _____

Do you prefer:

open browsing

having complete control over the frame selection

Do you require frames to be secured? yes no all some

Please explain:

Do you require frame tray storage or other storage? yes no

If yes, approximately how many frames? _____

Do you wish to utilize some of your existing displays or furnishings? yes no

If so, please list detailed descriptions and sizes:

How many frame selection tables do you require? _____

Do you require computers at these stations? yes #: _____ no

If yes, will they be with: CPUs Laptops iPads or Tablets

How many delivery/adjustment stations do you need? _____

Stand up #: _____ Sit down #: _____

Do you require computers here? yes #: _____ no

Do you require an area for a frame warmer and tools here? yes no

Will you have a lab, and for what function? yes no

edging tinting surfacing adjustments/repairs

Would you like a bid for lab cabinetry? yes no

Projected investment for displays:

up to \$10,000 \$10,000-\$20,000 \$20,000-\$30,000

\$30,000-\$40,000 \$40,000 or more

Buying groups you belong to, if any:

Would you like information on financing? yes no

CONTACT LENS AREA

Contact lens area should be:

in dispensary adjacent to dispensary

private semi-private

How many patients are trained at the same time? _____

Do you prefer:

side-by-side training -or- sitting across from the patient

Do you require:

a sink: permanent -or- self-contained

a sunwear display

storage of lenses: in contact lens room -or- separate

DATA COLLECTION & TESTING

How many pre-test rooms do you require? #: _____

open semi-private private

Approximate room size:

Equipment being used:

Do you need a separate room for special testing? yes no

OCT visual fields room

photo other: _____

Can any of these be combined? _____

Do you need any of the following?

drop/holding area If so, # of chairs: _____

patient education: Located in: holding area -or- separate room

ANCILLARY AREAS

Hearing aid room yes no

Laser room yes no size required: _____

Minor surgery room yes no size required: _____

Conference/consultation room yes no

Break area yes no

Would you like a bid on the break area cabinetry? yes no

Tech station #: _____ yes no

Storage yes no

EXAMS

Refracting lanes: _____

Total number of lanes required: _____ Desired size: _____

When facing the patient, the refracting desk should be on the: right left

Do you need new refracting desks? yes no

With sink? yes no

With computer? yes no

Do you need additional visitor chairs? yes #: _____ -or- no

Additional comments: _____

OTHER AREAS

Private offices:

Doctors #: _____ Others #: _____

How many rest rooms are required?

general patient men's women's staff doctors
Shower required? yes no

INTERIOR DESIGN/COLOR COORDINATION

Please complete this section of you are utilizing our Interior Design Service (call for quote)

My preference for décor is: _____

contemporary traditional high-tech upscale other

My color preferences are: warm colors cool colors neutrals other

Materials I like:

woods: dark light
 metal accents: gold silver black copper
 laminates: Preferred colors, if known: _____

Room lighting preferred:

incandescent fluorescent halogen
 LED track lighting other _____

ANY ADDITIONAL COMMENTS

Thank you for taking the time to fill out this questionnaire. Please fax the completed survey to (530) 877-2013, or email to plans@fashionoptical.com. Mailing address: FASHION OPTICAL DISPLAYS, Attn: Design Department, PO Box 159, Paradise, CA 95967-0159. If you have any questions, please feel free to call our helpful design team at 800-824-4106.