

# OCUTECH®

## VES®-SPORT (Manual Focus) ORDER FORM

### VES®-SPORT

FAX: 919 967-8146

ACCOUNT NAME \_\_\_\_\_ DATE \_\_\_\_\_  
PRESCRIBER'S NAME \_\_\_\_\_ PATIENT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PATIENT AGE \_\_\_\_\_ M  F   
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ P.O. NO. \_\_\_\_\_  
PHONE \_\_\_\_\_ OFFICE CONTACT \_\_\_\_\_  
E MAIL ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

**1 TYPE of ORDER:**  PATIENT SYSTEM  DEMONSTRATOR KIT *Select power(s) below*

### 2 TELESCOPE

Telescope for which Eye? OD OS Exact PD for position of telescope eyepiece:  
Telescope Power  4x  6x  
Telescope Case Color  Black (standard)  Blue  Green  Silver  Red  Pink  Other:

### 3 CARRIER LENSES

OD: ADD Distance PD OD OS  
OS: ADD Near PD OD OS  
Lens Type: Material:  CR-39  Hi-Index  Other: Seg. height  
Special instructions: (Tint, coatings, etc.)

**4 EYEPIECE CORRECTION** NO YES Specify Rx:

### 5 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

<b>Ocutech Unisex</b>	Frame Size: <input type="checkbox"/> 49/18 <input type="checkbox"/> 51/18 <input type="checkbox"/> 53/18	<input type="checkbox"/> Gold <input type="checkbox"/> Bronze <input type="checkbox"/> Silver
<b>Ocutech K Style</b>	Frame Size: <input type="checkbox"/> 51/18 <input type="checkbox"/> 53/18 <input type="checkbox"/> 55/18 <input type="checkbox"/> 57/18 <input type="checkbox"/> 59/18	<input type="checkbox"/> Gold <input type="checkbox"/> Bronze <input type="checkbox"/> Silver
<b>Ocutech Sleek</b>	Frame Size: <input type="checkbox"/> 50/18 <input type="checkbox"/> 53/18	<input type="checkbox"/> Silver <input type="checkbox"/> Gun Metal
Temples	Skull <input type="checkbox"/> 135 <input type="checkbox"/> 140 <input type="checkbox"/> 145	Cable <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165

### 6 ACCESSORIES

**Patient Case**  Yes  No  
**Slip-Behind Sun Filters (For Ocutech frames only)**  Gray  Brown  Blue Blocker  Yellow  Set of all four  
Specify eyepiece aperture:  Filter covers eyepiece  Eyepiece not covered by filter  
**Filter Cap** Specify color:  
**Reading Cap** Specify power:

### 7 SPECIAL INSTRUCTIONS:

**8 AUTHORIZATION:** Credit Card  VISA  MasterCard

Card # \_\_\_\_\_ Code \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Name on Credit Card \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_