

OCUTECH®

IMAGE MINFIER ORDER FORM

IM

FAX: 919 967-8146

ACCOUNT NAME			DATE		
PRESCRIBER'S NAME			PATIENT NAME		
ADDRESS			P.O. NO.		
CITY	STATE	ZIP	OFFICE CONTACT		
PHONE			FAX		

1 CIRCLE DESIRED VERSION	
HANDHELD	Provided complete with neck strap, pouch and adjustment tools
TRIAL FRAME VERSION	Provided inserted in trail frame ring and includes pouch and adjustment tools
UNMOUNTED	Includes adjustment tools Specify quantity:
SPECTACLE MOUNTED	Complete options below (includes adjustment tools)
WHICH EYE	<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> BOTH
PD (MM)	OD: OS:
POSITION	Position center of IM _____ mm below top of frame (Minimum 13mm)

2 CARRIER LENSES				
OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS
Lens Type:	Material: Polycarbonate suggested	Seg. Height		
Special Instructions: (Tint, coatings, etc.)				

3 FRAME (Choose One Style, Eye Size, temple style, length, color)		<input type="checkbox"/> CHECK HERE IF FRAME IS SUPPLIED BY PRESCRIBER		
Ocutech Unisex	Frame Sizes	49/18 <input type="checkbox"/>	51/18 <input type="checkbox"/>	
Ocutech "K" Style	Frame Sizes	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"/>
Temples	skull	135 <input type="checkbox"/>	140 <input type="checkbox"/>	145 <input type="checkbox"/>
	cable	155 <input type="checkbox"/>	160 <input type="checkbox"/>	165 <input type="checkbox"/>
Color		Gold <input type="checkbox"/>	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>

4 ACCESSORIES	
Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 SPECIAL INSTRUCTIONS

6 AUTHORIZATION	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> M/C	Card #	Exp. Date:
Signature:			Date: