

## VES-K (MANUAL FOCUS) ORDER FORM

**FAX: 919 967-8146**

ACCOUNT NAME			DATE		
PRESCRIBER'S NAME			PATIENT NAME		
ADDRESS			P.O. NO:		
CITY	STATE	ZIP	OFFICE CONTACT		
PHONE			FAX		
<b>1</b>	<b>TYPE OF ORDER:</b>		PATIENT SYSTEM <input type="checkbox"/>		DEMONSTRATOR KIT <input type="checkbox"/>
<b>2</b>	<b>TELESCOPE</b>				
Telescope for which Eye?		<input type="checkbox"/> OD <input type="checkbox"/> OS	Exact PD for position of telescope eyepiece:		
Telescope Power		<input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 6x			
<b>3</b>	<b>CARRIER LENSES</b>				
OD:	ADD	Distance PD	OD	OS	
OS:	ADD	Near PD	OD	OS	
Lens Type:	Material: <input type="checkbox"/> CR-39 <input type="checkbox"/> Hi-Index other:	Seg. height			
Special Instructions: (Tint, coatings, etc.)					
<b>4</b>	<b>EYEPIECE CORRECTION</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes Specify Rx:		
<b>5</b>	<b>FRAME</b> (Choose One Style, Eye Size, temple style and length, and color)				
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"/>	
<b>6</b>	<b>ACCESSORIES</b>				
Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Slip-Behind Sun Filters (For Ocutech frames only)	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of all four				
	Specify eyepiece aperture: <input type="checkbox"/> Filter covers eyepiece <input type="checkbox"/> Eyepiece not covered by filter				
Filter Cap	Specify color:				
Reading Cap	Specify power:				
<b>7</b>	<b>SPECIAL INSTRUCTIONS</b>				
<b>8</b>	<b>AUTHORIZATION</b>				
Card type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card #				Exp. Date:
Signature:					Date: