

## VES-MINI (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 TYPE OF ORDER:</b>		PATIENT SYSTEM <input type="checkbox"/>		DEMONSTRATOR KIT <input type="checkbox"/>	
<b>2 TELESCOPE</b>		(3x only)			
Telescope for which eye?	<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> Binocular	Exact PD for eyepiece position:		OD	OS
If binocular: Position telescopes for: <input type="checkbox"/> Distance <input type="checkbox"/> Near: Specify near working distance:					
Telescope Positioning	<b>For Distance Telescopes</b>	____ mm below top of lens (Std 10mm)		<b>For Near Telescopes</b>	____ mm above bottom of lens (Std 15mm)
		____ degrees upward angle (Std 10°)			____ degrees downward angle (Std 12°)
<b>3 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 EYE PIECE CORRECTION</b>		<input type="checkbox"/> No <input type="checkbox"/> Yes Specify Rx:		OD:	OS:
<b>5 FRAME</b> (Choose One Style, Frame 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"/>	
<input type="checkbox"/> Frame enclosed	Specify style and manufacturer:			Frame Size	Temple
<b>6 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 SPECIAL INSTRUCTIONS:</b>					
<b>8 AUTHORIZATION</b>					
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card		Card #		Exp. Date:	
Signature:				Date:	