

VES-SPORT (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		
1	TYPE OF ORDER		PATIENT SYSTEM <input type="checkbox"/>		DEMONSTRATOR KIT <input type="checkbox"/>
2	TELESCOPE				
Telescope for which Eye?		<input type="checkbox"/> OD <input type="checkbox"/> OS	Exact PD for position of telescope eyepiece:		
Telescope Power		<input type="checkbox"/> 4x <input type="checkbox"/> 6x			
Telescope case color:		<input type="checkbox"/> Black (standard) <input type="checkbox"/> Blue <input type="checkbox"/> Green <input type="checkbox"/> Silver <input type="checkbox"/> Red <input type="checkbox"/> Other:			
3	CARRIER LENSES				
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.)					
4	EYEPIECE CORRECTION		<input type="checkbox"/> No <input type="checkbox"/> Yes Specify Rx:		
5	FRAME (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"/>
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"/>	
6	ACCESSORIES				
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:			
7	SPECIAL INSTRUCTIONS:				
8	AUTHORIZATION				
Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card		Card #		Exp. Date:	
Signature:				Date:	