

OCUTECH®

VES-II (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 (Style "B" only):					
Telescope Power		<input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 6x						
Telescope Position		<input type="checkbox"/> Style A: Standard (Above the frame) <input type="checkbox"/> Style B: Bottom mounting						
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 Length, and Color)							
Ocutech Unisex Zyl		48/22 <input type="checkbox"/>	Temple: 140 only	Crystal <input type="checkbox"/>	Gray <input type="checkbox"/>	Demi-Blonde <input type="checkbox"/>		
Ocutech VES-II Zyl		Pediatric	46/22 <input type="checkbox"/>	Temple: 135 only	Crystal <input type="checkbox"/>	Gray <input type="checkbox"/>	Demi-Amber <input type="checkbox"/>	
		Adult	50/24 <input type="checkbox"/>	54/24 <input type="checkbox"/>	Crystal <input type="checkbox"/>	Gray <input type="checkbox"/>	Demi-Amber <input type="checkbox"/>	Tan <input type="checkbox"/>
		Temple	140 <input type="checkbox"/>	150 <input type="checkbox"/>				
6	ACCESSORIES							
Patient Case		<input type="checkbox"/> Yes <input type="checkbox"/> No						
Slip-behind filters		<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of all four						
Filter Cap		Specify color:						
Reading Cap		Specify power:						
7	SPECIAL INSTRUCTIONS							
8	AUTHORIZATION							
Card Type:		Card #		Exp. Date:				
<input type="checkbox"/> Visa <input type="checkbox"/> Master Card								
Signature:				Date:				