

## 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				
<b>1. TYPE OF ORDER</b>		PATIENT SYSTEM <input type="checkbox"/>		DEMONSTRATOR KIT <input type="checkbox"/>			
<b>2. TELESCOPE</b>							
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				
<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. EYEPIECE CORRECTION</b> <input type="checkbox"/> No <input type="checkbox"/> Yes Specify Rx:							
<b>5. FRAME</b> (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"/>				
<b>6. ACCESSORIES</b>							
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:						
<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:			