

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		
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"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 6x				
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, 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"/>			
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:	