

# OCUTECH®

## IMAGE MINIFIER ORDER FORM

**IM**

**FAX: 919 967-8146**

ACCOUNT NAME _____	DATE _____
PRESCRIBER'S NAME _____	PATIENT NAME _____
ADDRESS _____	PATIENT AGE _____ M <input type="checkbox"/> F <input type="checkbox"/>
CITY _____ STATE _____ ZIP _____	P.O. NO. _____
PHONE _____	OFFICE CONTACT _____
E MAIL ADDRESS _____	FAX _____

**1 SELECT DESIRED VERSION**

<input type="checkbox"/> <b>HANDHELD</b>	Provided complete with neck strap, pouch and adjustment tools
<input type="checkbox"/> <b>TRIAL FRAME VERSION</b>	Provided inserted in trial frame ring and includes pouch and adjustment tools
<input type="checkbox"/> <b>UNMOUNTED</b>	Includes adjustment tools <span style="float: right;">Specify quantity:</span>
<input type="checkbox"/> <b>SPECTACLE MOUNTED</b>	Complete options below (includes adjustment tools)
Which Eye	<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> BOTH
PD (mm)	OD: _____ OS: _____
Position	Position center of IM _____ mm below top of frame (Minimum 13mm)

**2 CARRIER LENSES**

OD:	ADD _____	Distance PD	OD _____	OS _____
OS:	ADD _____	Near PD	OD _____	OS _____
Lens Type: _____		Material: Polycarbonate suggested		Seg. height _____
Special instructions: (Tint, coatings, etc.) _____				

**3 FRAME** (Choose One Style, Eye Size, Temple Style, Length, Color)  CHECK HERE IF FRAME IS SUPPLIED BY PRESCRIBER

<b>Ocutech Unisex</b>	Frame Size:	<input type="checkbox"/> 49/18	<input type="checkbox"/> 51/18			
<b>Ocutech K Style</b>	Frame Size:	<input type="checkbox"/> 51/18	<input type="checkbox"/> 53/18	<input type="checkbox"/> 55/18	<input type="checkbox"/> 57/18	<input type="checkbox"/> 59/18
Temples	skull	<input type="checkbox"/> 135	<input type="checkbox"/> 140	<input type="checkbox"/> 145		
	cable	<input type="checkbox"/> 155	<input type="checkbox"/> 160	<input type="checkbox"/> 165		
Color		<input type="checkbox"/> Gold	<input type="checkbox"/> Bronze	<input type="checkbox"/> Silver		

**4 ACCESSORIES**

<b>Patient Case</b>	Yes	No				
<b>Slip-Behind Sun Filters</b> <i>(For Ocutech frames only)</i>	Gray	Brown	Blue Blocker	Yellow	Set of all four	
	Specify eyepiece aperture: _____		Filter covers eyepiece	Eyepiece not covered by filter		

**5 SPECIAL INSTRUCTIONS:**

**6 AUTHORIZATION:** Credit Card  VISA  MasterCard

Card # _____	Code _____	Exp. Date _____
Name on Credit Card _____		
Signature _____	Date _____	