

OCUTECH®

VES®-II (Manual Focus) ORDER FORM

VES®-II**FAX: 919 967-8146**

ACCOUNT NAME _____ DATE _____
PRESCRIBER'S NAME _____ PATIENT NAME _____
ADDRESS _____ PATIENT AGE _____ M F
CITY _____ STATE _____ ZIP _____ P.O. NO. _____
PHONE _____ OFFICE CONTACT _____
E MAIL ADDRESS _____ FAX _____

1 TYPE of ORDER: PATIENT SYSTEM DEMONSTRATOR KIT *Select power(s) below*

2 TELESCOPE

Telescope for which eye? OD OS Exact PD for position of telescope eyepiece (style 'B' only):
Telescope Power 3x 4x 6x
Telescope Position Style A: Standard (above the frame) Style B: Bottom mounting

3 CARRIER LENSES

OD: _____ ADD _____ Distance PD OD OS
OS: _____ ADD _____ Near PD OD OS
Lens Type: _____ Material: CR-39 Hi-Index Other: _____ Seg. height _____
Special instructions: (Tint, coatings, etc.) _____

4 EYEPIECE CORRECTION NO YES Specify Rx: _____

5 FRAME (Choose One Style, Frame Size, Temple Length, and Color.)

<i>Ocutech Unisex Zyl</i>	<input type="checkbox"/> 48/22	<input type="checkbox"/> Temple: 140 only	<input type="checkbox"/> Crystal	<input type="checkbox"/> Gray	<input type="checkbox"/> Demi-Blonde	
<i>Ocutech VES II Zyl - Pediatric</i>	<input type="checkbox"/> 46/22	<input type="checkbox"/> Temple: 135 only	<input type="checkbox"/> Crystal	<input type="checkbox"/> Gray	<input type="checkbox"/> Demi-Amber	
<i>Ocutech VES II Zyl - Adult</i>	<input type="checkbox"/> 50/24	<input type="checkbox"/> 54/24	<input type="checkbox"/> Crystal	<input type="checkbox"/> Gray	<input type="checkbox"/> Demi-Amber	<input type="checkbox"/> Tan
Temple	<input type="checkbox"/> 140	<input type="checkbox"/> 150				

6 ACCESSORIES

Patient Case Yes No
Slip-Behind Sun Filters Gray Brown Blue Blocker Yellow Set of all four
Filter Cap Specify color: _____
Reading Cap Specify power: _____

7 SPECIAL INSTRUCTIONS:

8 AUTHORIZATION: Credit Card VISA MasterCard

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