

OCUTECH®  
**instaMOUNT**  
**INSTAMOUNT 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 CHECK DESIRED VERSION(S)</b>				
<input type="checkbox"/>	<b>2.2x Galilean Telescope (TS):</b> (Includes both straight and 7 degree tilted self adhesive flanges)			
<input type="checkbox"/>	<b>0.5x Field Expander (FE):</b> (Includes both straight and 7 degree tilted self adhesive flanges)			
<input type="checkbox"/>	<b>InstaMount Demonstrator Clip:</b> Accepts either TS or FE for testing purposes			
<input type="checkbox"/>	<b>Replacement flanges</b> 7 degree tilted or straight self-adhesive mounting flanges (set of 4)			
<input type="checkbox"/>	<b>InstaMount Mounted to magnetic clip-on frame</b> select: <input type="checkbox"/> 2.2x TS <input type="checkbox"/> 0.5x FE eye: <input type="checkbox"/> OD <input type="checkbox"/> OS specify frame below			

<b>2 CARRIER LENSES (OPTIONAL)</b>				
OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS
Lens Type:	Material:	Seg. Height		
Special Instructions: (Tint, coatings, etc.)				

<b>3 FRAME (OPTIONAL)</b>				
Ocutech Unisex	Frame Sizes	49/18/140 <input type="checkbox"/>	51/18/140 <input type="checkbox"/>	
Ocutech "K" Style	Frame Sizes	51/18/140 <input type="checkbox"/>	53/18/140 <input type="checkbox"/>	55/18/140 <input type="checkbox"/> 57/18/140 <input type="checkbox"/>
	Color	Gold <input type="checkbox"/>	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>
Special instructions		Specify alternate temple length, cable temples, side shields		
Magnetic clip-on frame	Specify here			

<b>4 ACCESSORIES (OPTIONAL)</b>				
Slip-behind Sunfilters	<input type="checkbox"/> Gray <input type="checkbox"/> BlueBlocker <input type="checkbox"/> Brown <input type="checkbox"/> Amber <input type="checkbox"/> Set of all four <input type="checkbox"/> Achromatopsia Red			
Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No			

<b>5 SPECIAL INSTRUCTIONS</b>				
-------------------------------	--	--	--	--

<b>6 AUTHORIZATION</b>	Card Type:	Card #	Code:	Exp. Date:
	<input type="checkbox"/> Visa <input type="checkbox"/> M/C			
Signature:				Date: