OCUTECH®

VES®-II (Manual Focus) ORDER FORM

VES®-II **FAX: 919 967-8146**

ACTION REQUESTED: ❑ Estimate Only ❑ Place Order

DATE _____

ACCOUNT NAME _____ PATIENT NAME _____

PRESCRIBER'S NAME _____ PATIENT AGE _____ ❑ M ❑ F

ADDRESS _____ PATIENT DIAGNOSIS _____

CITY _____ STATE_____ ZIP_____ P.O. NO. _____

COUNTRY_____ PHONE_____ OFFICE CONTACT _____

EMAIIL ADDRESS _____ FAX _____

1 TYPE of ORDER: ❑ PATIENT SYSTEM ❑ DIAGNOSTIC 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
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 ❑ Polycarbonate 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.)

Ocutech Unisex Zyl	❑ 48/22 ❑ Temple: 140 only ❑ Crystal ❑ Gray ❑ Demi-Blonde
Ocutech VES II Zyl - Pediatric	❑ 46/22 ❑ Temple: 135 only ❑ Crystal ❑ Gray ❑ Demi-Amber
Ocutech VES II Zyl - Adult	❑ 50/24 ❑ 54/24 ❑ Crystal ❑ Gray ❑ Demi-Amber ❑ Tan
Temple	❑ 140 ❑ 150

6 ACCESSORIES

Patient Case	❑ Yes ❑ No ❑ Other:
Slip-Behind Sun Filters	❑ Gray ❑ Brown ❑ Blue Blocker ❑ Yellow ❑ Set of Four ❑ Red
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

OCUTECH, Inc. • 109 Conner Drive, Chapel Hill, NC 27514 USA • (800) 326-6460 • (919) 967-6460 • fax (919) 967-8146 • customerservice@ocutech.com • www.ocutech.com