

# OCUTECH®

## VES®-EXPLORER (Manual Focus) ORDER FORM

### VES®-EXPLORER

FAX: 919 967-8146

**ACTION REQUESTED:**  Estimate Only  Place Order

ACCOUNT NAME \_\_\_\_\_ PATIENT NAME \_\_\_\_\_

PRESCRIBER'S NAME \_\_\_\_\_ PATIENT AGE \_\_\_\_\_  M  F

ADDRESS \_\_\_\_\_ PATIENT DIAGNOSIS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ P.O. NO. \_\_\_\_\_

COUNTRY \_\_\_\_\_ PHONE \_\_\_\_\_ OFFICE CONTACT \_\_\_\_\_

EMAIL 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: |                              |                               |
| Telescope Power          | <input type="checkbox"/> 3x    | <input type="checkbox"/> 4x     |  |                              |                               |
| Telescope Case Color     | <input type="checkbox"/> Black | <input type="checkbox"/> Silver | <input type="checkbox"/> Blue                | <input type="checkbox"/> Red | <input type="checkbox"/> Pink |

**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 | <input type="checkbox"/> Polycarbonate | Seg. height |

Special instructions: (Tint, coatings, etc.)

**4 EYEPIECE CORRECTION** NO YES Specify Rx:

**5 FRAME** (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

|                        |  |                                |   |   |                                 |                                 |                                    |                                 |
|------------------------|--|--------------------------------|---|---|---------------------------------|---------------------------------|------------------------------------|---------------------------------|
| <b>Ocutech Unisex</b>  | Frame Size:                                | <input type="checkbox"/> 49/18 | <input type="checkbox"/> 51/18            | <input type="checkbox"/> 53/18 (Available in Bronze and Silver) | <input type="checkbox"/> Gold   | <input type="checkbox"/> Bronze | <input type="checkbox"/> Silver    |                                 |
| <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"/> Gold   | <input type="checkbox"/> Bronze    | <input type="checkbox"/> Silver |
| <b>Ocutech Sleek</b>   | Frame Size:                                | <input type="checkbox"/> 50/18 | <input type="checkbox"/> 53/18            |   |                                 | <input type="checkbox"/> Silver | <input type="checkbox"/> Gun Metal |                                 |
| 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    |
| Pediatric              | <input type="checkbox"/> K Style 48/18/140 |                                | <input type="checkbox"/> Unisex 47/18/140 |   | <input type="checkbox"/> Silver |                                 | <input type="checkbox"/> Bronze    |                                 |

**6 ACCESSORIES**

|  |  |
|--|--|
| <b>Patient Case</b>                                      | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other  |
| <b>Slip-Behind Sun Filters (For Ocutech frames only)</b> | <input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue Blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of Four <input type="checkbox"/> Red |
|  | Specify eyepiece aperture: <input type="checkbox"/> Filter covers eyepiece <input type="checkbox"/> Eyepiece not covered by filter   |
| <b>Filter Cap</b>  | Specify color:   |
| <b>Reading Cap</b>                                       | Specify power:   |

**7 SPECIAL INSTRUCTIONS:**

**8 AUTHORIZATION:** Credit Card  VISA  MasterCard

|                     |      |           |
|---------------------|------|-----------|
| Card #              | Code | Exp. Date |
| Name on Credit Card |      |           |
| Signature           | Date |           |