

OCUTECH®
SIGHTSCOPE™

NearView TELESCOPE SYSTEM

FAX: 919 967-8146

ACCOUNT NAME			DATE		
PRESCRIBER'S NAME			PATIENT NAME		Age <input type="checkbox"/> M <input type="checkbox"/> F
PRACTICE NAME			P.O. / REFERENCE NO.		
ADDRESS			PHONE		
CITY	STATE	ZIP	FAX		
OFFICE CONTACT			EMAIL		

1	TYPE OF ORDER: <input type="checkbox"/> Patient System <input type="checkbox"/> Diagnostic Testing Kit				
2	NEARVIEW TELESCOPE				
	Version Number (Add power)	<input type="checkbox"/> +1 <input type="checkbox"/> +1.5 <input type="checkbox"/> +2 <input type="checkbox"/> +3	Telescope for which eye(s) OU <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/>		
3	CARRIER LENSES <input type="checkbox"/> Supply as specified below <input type="checkbox"/> Provide without carrier lenses				
	OD:	ADD	Distance PD	OD	OS
	OS:	ADD	Near PD	OD	OS
	Lens Type:	<input type="checkbox"/> CR-39 <input type="checkbox"/> Hi-Index <input type="checkbox"/> Polycarbonate <input type="checkbox"/> other:		Seg. Height	
	Special Instructions: (Tint, coatings, etc.)				
4	FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT WEBSITE FOR COMPLETE SELECTION				
	Ocutech Sleek	Frame Sizes	50/18/140 <input type="checkbox"/>	53/18/145 <input type="checkbox"/>	Silver <input type="checkbox"/> Gun Metal <input type="checkbox"/>
5	ACCESSORIES (Cleaning cloth and neck strap are included with each system order)				
	Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Slip-Behind Sun Filters	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of all four			
6	SPECIAL INSTRUCTIONS:				
7	AUTHORIZATION				
	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card #	Security Code	Exp. Date:	
	Signature:				Date:

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