



Flip-Up Bioptic Telescope System ORDER FORM

OCUTECH® SightScope®

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: Frame-Mounted System Patient Clip-on System Demonstrator Clip-on System

2 SIGHTSCOPE TELESCOPE 1.7x 2.2x For which eye(s)? OD OS OU

SIGHTSCOPE FIELD EXPANDER 0.5x FE For which eye(s)? OD OS OU

3 CARRIER LENSES Supply as specified below Provide without 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 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

Ocutech Unisex	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
Ocutech K Style	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
Ocutech Sleek	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

5 ACCESSORIES (Cleaning cloth and neckstrap are included with each system order)

Patient Case Yes No Other: _____

Slip-behind Sunfilters Gray Brown Blue Blocker Yellow Set of Four Red

Reading Cap OD OS OU Power: _____

6 SPECIAL INSTRUCTIONS: _____

7 AUTHORIZATION:

Card Type: VISA MasterCard Card # _____ Code _____ Exp. Date _____

Name on Credit Card _____

Signature _____ Date _____