



InstaMount Telescope and Field Expander

OCUTECH®  
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	Email	FAX	

**1 CHECK DESIRED VERSION(S)**

2.2X Gallean Telescope (TS) Unmounted (Includes both straight and 7 degree tilted self adhesive flanges)

0.5X Field Expander (FE) Unmounted (Includes both straight and 7 degree tilted self adhesive flanges)

InstaMount Demonstrator Clip:  For TS Monocular only For FE:  Monocular  Binocular

InstaMount Patient Clip: for FE only OD  OS  OU

Replacement flanges  7 degrees tilted or  straight self adhesive mounting flanges (set of 4)

InstaMount mounted on magnetic clip-on frame: *Select:* 2.2X  0.5X FE  Eye: OD  OS  OU  Specify frame below

**2 CARRIER LENSES (OPTIONAL)**

OD:	ADD:	Distance PD	OD:	OS:
OD:	ADD:	Near PD	OD:	OS:
Lens Type	Material	Seg. Height		

Special Instructions: (Tint, coatings, etc.)

**3 FRAME (OPTIONAL)**

<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
<b>Pediatric</b>	Style & Size:	<input type="checkbox"/> K Style 48/18/140 <input type="checkbox"/> Unisex 47/18/140	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze
	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

Magnetic Clip-on Frame: *Specify here*

**4 ACCESSORIES (OPTIONAL)**

**Slip-behind Sun Filters**  Grey  BlueBlocker  Brown  Amber  Set of all four

**Patient Case**  Yes  No

**5 SPECIAL INSTRUCTIONS:**

**6 AUTHORIZATION** Credit Card  VISA  MasterCard

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