

OCUTECH[®]

Diagnostic Kit Loan Program Application

Ocutech's Diagnostic Kit Loan Program is designed to assist clinicians in assessing whether Ocutech devices may value to their low vision patients and to their practice. We encourage low vision specialists to schedule several prospective patients during the loan period so you may experience a range of responses from your patients as well as become comfortable with the fitting, demonstration and ordering of the devices. Simply fill out this loan application form and fax or email it back to us.

Ocutech offers special pricing for its diagnostic kits. Contact us for more information. We look forward to welcoming you as an Ocutech prescriber.

Please _____ the diagnostic kit(s) you are requesting on loan:

Starter Kit	Sport	Mini	Explorer	Tunnel Vision Kit	SightScope	SS NearView
Falcon: (C	powe	3X	4X	5.5X	Other _____	

Please complete and email/fax it back to Ocutech at info@ocutech.com / (919) 967-8146

Clinic Name: _____	Contact Person: _____		
Doctor's Name: _____	Patient Name: _____		
Street Address: _____			
City: _____	State/Prov. _____	ZIP: _____	Country: _____
Telephone: _____	Fax: _____		
Email: _____			

Date Needed / Comments: _____

Shipping/handling charge: The Diagnostic Kit Loan Program is available to prescribers in the US and Canada. While the kits are provided complementary, the following shipping and handling charges are necessary to cover the costs of outbound shipping, prepaid return shipping, insurance and packaging. The S/H fee applies to each diagnostic kit ordered.

Continental US: \$55.00 - Alaska/Hawaii: \$95.00

All shipping and late return fees will be charged to your credit card: VISA _____ MasterCard _____

Credit Card # (required): _____ Security Code _____ Exp Date _____

Name on card: _____ Signature of card holder: _____

Note: Your card will be charged for shipping/handling at the time of shipping. Upon receipt of the returned diagnostic kit, we will inspect the product and determine if any additional charges related to damage apply.

Important: Please check all that apply:

- Our clinic currently prescribes bioptic telescopes.
- Our clinic does not currently prescribe bioptic telescopes.
- Please contact our clinic for instruction and training for use of Ocutech products.

For Ocutech Office use: Date to Receive: _____	Return Date: _____
--	--------------------

IMPORTANT! PLEASE READ

Our loaner systems are issued for two (2) weeks of use at your clinic unless otherwise specified. At the end of the loan period, you simply re-box the diagnostic kit, label the box with the prepaid, addressed shipping label and contact UPS to arrange pickup. Please read all accompanying literature to insure proper handling and use of the systems. Any charges incurred due to damage to the system resulting from misuse or improper handling are the responsibility of the borrower and will be charged to the above credit card number or billed to the borrower. We welcome calls to our Professional Support Department at 800-326-6460. Loan extensions by prior approval only. There is a \$25/month fee per kit for late returns that will be charged to your credit card.

OCUTECH[®]
Vision Enhancing Systems

105 Conner Drive, Suite 2105 Chapel Hill, North Carolina 27514 • 919 967-6460 • 800-326-6460 • 919 967-8146 Fax • www.ocutech.com

© OCUTECH 2021