

OCUTECH®

VES®-II (Manual Focus) ORDER FORM

VES®-II**FAX: 919 967-8146**

ACTION REQUESTED: Estimate Only Place Order DATE _____

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?	<input type="checkbox"/> OD <input type="checkbox"/> OS	Exact PD for position of telescope eyepiece (style 'B' only):
Telescope Power	<input type="checkbox"/> 3x <input type="checkbox"/> 4x	
Telescope Position	<input type="checkbox"/> Style A: Standard (above the frame) <input type="checkbox"/> Style B: Bottom mounting	

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 Length, and Color.)

<i>Ocutech Unisex Zyl</i>	<input type="checkbox"/> 48/22 <input type="checkbox"/> € <input type="checkbox"/> Crystal <input type="checkbox"/> Gray <input type="checkbox"/> Demi-Blonde
<i>Ocutech VES II Zyl - Pediatric</i>	<input type="checkbox"/> 46/22 <input type="checkbox"/> H <input type="checkbox"/> Crystal <input type="checkbox"/> Gray <input type="checkbox"/> Demi-Amber
<i>Ocutech VES II Zyl - Adult</i>	<input type="checkbox"/> 50/24 <input type="checkbox"/> 54/G <input type="checkbox"/> Crystal <input type="checkbox"/> Gray <input type="checkbox"/> Tan
Temple	<input type="checkbox"/> 140 <input type="checkbox"/> 150

6 ACCESSORIES

<i>Patient Case</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other:
<i>Slip-Behind Sun Filters</i>	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue Blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of Four
<i>Filter Cap</i>	Specify color:
<i>Reading Cap</i>	Specify power:

7 SPECIAL INSTRUCTIONS:

8 AUTHORIZATION: Credit Card VISA MasterCard

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