

| | | |
|--|-------------------------|---|
| ACTION REQUESTED: <input type="checkbox"/> Estimate Only <input type="checkbox"/> Place Order | | DATE _____ |
| ACCOUNT NAME _____ | PATIENT NAME _____ | |
| PRESCRIBER'S NAME _____ | PATIENT AGE _____ | <input type="checkbox"/> M <input type="checkbox"/> F |
| ADDRESS _____ | PATIENT DIAGNOSIS _____ | |
| CITY _____ STATE _____ ZIP _____ | P.O. NO. _____ | |
| COUNTRY _____ PHONE _____ | OFFICE CONTACT _____ | |
| EMAIL ADDRESS _____ | FAX _____ | |

1 TYPE of ORDER: PATIENT SYSTEM

2 TELESCOPE

| | | | |
|--------------------------|--------------------------------|-----------------------------|--|
| Telescope for which Eye? | OD | OS | Exact PD for position of telescope eyepiece: |
| Telescope Power | <input type="checkbox"/> 3x | <input type="checkbox"/> 4x | |
| Telescope Case Color | <input type="checkbox"/> Black | | |

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 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 | |

6 ACCESSORIES

| | |
|--|---|
| Patient Case | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other |
| Slip-Behind Sun Filters (For Ocutech frames only) | <input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue Blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of Four |
| | Specify eyepiece aperture: <input type="checkbox"/> Filter covers eyepiece <input type="checkbox"/> Eyepiece not covered by filter |
| Filter Cap | Specify color: |
| Reading Cap | Specify power: |

7 SPECIAL INSTRUCTIONS:

8 AUTHORIZATION: Credit Card VISA MasterCard Bill Account

| | | |
|---------------------------|------------|-----------------|
| Card # _____ | Code _____ | Exp. Date _____ |
| Name on Credit Card _____ | | |
| Signature _____ | | Date _____ |