

OCUTECH®

VES®-MINI (Manual Focus) ORDER FORM

VES®-MINI

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 UNMOUNTED TRIAL RING DEMO CLIP

2 TELESCOPE (3x only)

Chassis Color: Black (Standard) Silver

Telescope for which eye? OD OS Binocular Exact PD for eyepiece position: OD _____ OS _____

Telescope Positioning: For Distance Telescopes _____ mm below top of lens (Std 10 mm) For Near Telescopes _____ mm above bottom of lens (Std 15 mm)

_____ degrees upward angle (Std 10 degrees) _____ degrees downward angle (Std 12 degrees)

3 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 EYEPIECE CORRECTION

NO YES Specify Rx: OD: _____ OS: _____

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

Frame enclosed Specify style and manufacturer: _____ Frame Size: _____ Temple: _____

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 <input type="checkbox"/> Red
	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

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