

OCUTECH®

VES®-EXPLORER (Manual Focus) ORDER FORM

VES®-EXPLORER

FAX: 919 967-8146

ACTION REQUESTED: Estimate Only Place Order

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?	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	<input type="checkbox"/> Silver	<input type="checkbox"/> Blue <input type="checkbox"/> Red <input type="checkbox"/> Pink

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"/> Yellow
	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
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Name on Credit Card _____

Signature _____ Date _____