



IMAGE MINIFIER / FIELD VIEWER ORDER FORM

IM/FV

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 SELECT DESIRED VERSION

[] FIELD VIEWER -4D (.25x) Provided with neck strap and pouch
[] HANDHELD IM Provided complete with neck strap, pouch and adjustment tools
[] TRIAL FRAME IM Provided inserted in trial frame ring and includes pouch and adjustment tools
[] UNMOUNTED IM Includes adjustment tools Specify quantity:
[] SPECTACLE MOUNTED IM Complete options below (includes adjustment tools)
Which Eye [] OD [] OS [] BOTH
PD (mm) OD: OS:
Position Position center of IM mm below top of frame (Minimum 13mm)

2 CARRIER LENSES

OD: ADD Distance PD OD OS
OS: ADD Near PD OD OS
Lens Type: Material: Polycarbonate suggested Seg. height
Special instructions: (Tint, coatings, etc.)

3 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

Ocutech Unisex Frame Size: [] 49/18 [] 51/18 [] 53/18 (Available in Bronze and Silver) [] Gold [] Bronze [] Silver
Ocutech K Style Frame Size: [] 51/18 [] 53/18 [] 55/18 [] 57/18 [] Gold [] Bronze [] Silver
Ocutech Sleek Frame Size: [] 50/18 [] 53/18 [] Silver [] Gun Metal
Temples Skull [] 135 [] 140 [] 145 Cable [] 155 [] 160 [] 165
Pediatric [] K Style 48/18/140 [] Unisex 47/18/140 [] Silver [] Bronze

4 ACCESSORIES

Patient Case [] Yes [] No [] Other
Slip-Behind Sun Filters (For Ocutech frames only) [] Gray [] Brown [] Yellow

5 SPECIAL INSTRUCTIONS:

6 AUTHORIZATION: Credit Card [] VISA [] MasterCard

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