

OCUTECH®  
**instaMOUNT**  
**INSTAMOUNT ORDER FORM**

**FAX: 919 967-8146**

|                              |       |     |                |
|------------------------------|-------|-----|----------------|
| ACCOUNT NAME                 |       |     | DATE           |
| PRESCRIBER'S NAME            |       |     | PATIENT NAME   |
| ADDRESS                      |       |     | P.O. NO.       |
| CITY                         | STATE | ZIP | OFFICE CONTACT |
| 7 CI BHFM ..... D< CB9 ..... |       |     | : 5 X          |

|                                   |  |
|-----------------------------------|--|
| <b>1 CHECK DESIRED VERSION(S)</b> |  |
| <input type="checkbox"/>          | <b>2.2x Galilean Telescope (TS):</b> (Includes both straight and 7 degree tilted self adhesive flanges)  |
| <input type="checkbox"/>          | <b>0.5x Field Expander (FE):</b> (Includes both straight and 7 degree tilted self adhesive flanges)  |
| <input type="checkbox"/>          | <b>InstaMount Demonstrator Clip:</b> Accepts either TS or FE for testing purposes  |
| <input type="checkbox"/>          | <b>Replacement flanges</b> 7 degree tilted or straight self-adhesive mounting flanges (set of 4)   |
| <input type="checkbox"/>          | <b>InstaMount Mounted to magnetic clip-on frame</b> select: <input type="checkbox"/> 2.2x TS <input type="checkbox"/> 0.5x FE eye: <input type="checkbox"/> OD <input type="checkbox"/> OS specify frame below |

|  |           |             |    |    |
|--|-----------|-------------|----|----|
| <b>2 CARRIER LENSES (OPTIONAL)</b>           |           |             |    |    |
| OD:  | ADD       | Distance PD | OD | OS |
| OS:  | ADD       | Near PD     | OD | OS |
| Lens Type:                                   | Material: | Seg. Height |    |    |
| Special Instructions: (Tint, coatings, etc.) |           |             |    |    |

|                           |              |  |                                    |   |
|---------------------------|--------------|--|------------------------------------|---|
| <b>3 FRAME (OPTIONAL)</b> |              |  |                                    |   |
| Ocutech Unisex            | Frame Sizes  | 49/18/140 <input type="checkbox"/>                           | 51/18/140 <input type="checkbox"/> |   |
| Ocutech "K" Style         | Frame Sizes  | 51/18/140 <input type="checkbox"/>                           | 53/18/140 <input type="checkbox"/> | 55/18/140 <input type="checkbox"/> 57/18/140 <input type="checkbox"/> |
|                           | Color        | Gold <input type="checkbox"/>                                | Bronze <input type="checkbox"/>    | Silver <input type="checkbox"/>                                       |
| Special instructions      |              | Specify alternate temple length, cable temples, side shields |                                    |   |
| Magnetic clip-on frame    | Specify here |  |                                    |   |

|                                 |                               |                                 |                                |  |
|---------------------------------|-------------------------------|---------------------------------|--------------------------------|--|
| <b>4 ACCESSORIES (OPTIONAL)</b> |                               |                                 |                                |  |
| Slip-behind Sunfilters          | <input type="checkbox"/> Gray | <input type="checkbox"/> Yellow | <input type="checkbox"/> Brown |  |
| Patient Case                    | <input type="checkbox"/> Yes  | <input type="checkbox"/> No     |                                |  |

|                               |  |  |  |  |
|-------------------------------|--|--|--|--|
| <b>5 SPECIAL INSTRUCTIONS</b> |  |  |  |  |
|-------------------------------|--|--|--|--|

|                        |  |        |       |            |
|------------------------|--|--------|-------|------------|
| <b>6 AUTHORIZATION</b> | Card Type:<br><input type="checkbox"/> Visa <input type="checkbox"/> M/C | Card # | Code: | Exp. Date: |
| Signature:             |  |        |       | Date:      |