

# 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

<b>Ocutech Unisex</b>	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	
<b>Ocutech K Style</b>	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
<b>Ocutech Sleek</b>	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**

<b>Patient Case</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
<b>Slip-Behind Sun Filters (For Ocutech frames only)</b>	<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
<b>Filter Cap</b>	Specify color:
<b>Reading Cap</b>	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 \_\_\_\_\_