

OCUTECH®
SIGHTSCOPE™

NearView TELESCOPE SYSTEM

FAX: 919 967-8146

ACCOUNT NAME			DATE	
PRESCRIBER'S NAME			PATIENT NAME	Age <input type="checkbox"/> M <input type="checkbox"/> F
PRACTICE NAME			P.O. / REFERENCE NO.	
ADDRESS			PHONE	
CITY	STATE	ZIP	FAX	
OFFICE CONTACT			EMAIL	

1	TYPE OF ORDER: <input type="checkbox"/> Patient System <input type="checkbox"/> Diagnostic Testing Kit			
2	NEARVIEW TELESCOPE			
	Version Number (Add power)	<input type="checkbox"/> +1 <input type="checkbox"/> +1.5 <input type="checkbox"/> +2 <input type="checkbox"/> +3	Telescope for which eye(s) OU <input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/>	
3	CARRIER LENSES <input type="checkbox"/> Supply as specified below <input type="checkbox"/> Provide without carrier lenses			
	OD:	ADD	Distance PD	OD OS
	OS:	ADD	Near PD	OD OS
	Lens Type:	<input type="checkbox"/> CR-39 <input type="checkbox"/> Hi-Index <input type="checkbox"/> Polycarbonate <input type="checkbox"/> other:	Seg. Height	
	Special Instructions: (Tint, coatings, etc.)			
4	FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT WEBSITE FOR COMPLETE SELECTION			
	Ocutech Sleek	Frame Sizes	50/18/140 <input type="checkbox"/> 53/18/145 <input type="checkbox"/>	Silver <input type="checkbox"/> Gun Metal <input type="checkbox"/>
5	ACCESSORIES (Cleaning cloth and neck strap are included with each system order)			
	Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Slip-Behind Sun Filters	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of all four <input type="checkbox"/> Red		
6	SPECIAL INSTRUCTIONS:			
7	AUTHORIZATION			
	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> Master Card	Card #	Security Code	Exp. Date:
	Signature:			Date:

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