

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 UNMOUNTED TRIAL RING DEMO CLIP

2 TELESCOPE: 2.2X Telescope (TS) 0.5X Field Expander (FE)

Chassis Color: Black Silver

Telescope for which eye? OD OS Binocular Exact PD for eyepiece position: OD OS

Telescope Positioning _____ mm below top of lens (Std 8 mm) _____ degrees upward angle (Std 10 degrees from horizontal)

3 CARRIER LENSES

OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS

Lens Type: _____ Material: CR-39 Hi-Index Polycarbonate Seg. height: _____

Special instructions: (Tint, coatings, etc.) _____

4 EYEPIECE CORRECTION NO YES Specify Rx: OD: OS:

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

Frame enclosed Specify style and manufacturer: _____ Frame Size: _____ Temple: _____

6 ACCESSORIES

Patient Case Yes No Other: _____

Slip-Behind Sun Filters (For Ocutech frames only) Gray Brown Blue Blocker Yellow Set of Four Red

Specify eyepiece aperture: Filter covers eyepiece Eyepiece not covered by filter

7 SPECIAL INSTRUCTIONS:

8 AUTHORIZATION: Credit Card VISA MasterCard

Card #	Code	Exp. Date
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Name on Credit Card _____

Signature _____ Date _____