

# OCUTECH®

## VES®-K (Manual Focus) ORDER FORM

VES®-K

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 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  3x  4x

**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: \_\_\_\_\_

**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**

**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

**Filter Cap** Specify color: \_\_\_\_\_

**Reading Cap** Specify power: \_\_\_\_\_

**7 SPECIAL INSTRUCTIONS:** \_\_\_\_\_

**8 AUTHORIZATION:** Credit Card  VISA  MasterCard

Card #	Code	Exp. Date
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Name on Credit Card \_\_\_\_\_

Signature \_\_\_\_\_      Date \_\_\_\_\_