VES® FALCON - AutoFocus

OCUTECH®

Email: customerservice@ocutech.com
Fax: 919-967-8146

1. ACTION REQUESTED

☐ ESTIMATE ONLY ☐ PLACE ORDER Date:

Account Name:	Patient Name:
Prescriber's Name:	PO No.:
Address:	Office Contact:
City: State: Zip:	Fax:
Country: Phone:	Email:

2. TELESCOPE

Telescope for Which Eye: ☐ OD ☐ OS

Exact Monoc PD for Pos. of TS Eyepiece: _____ mm

Telescope Power: ☐ 3x ☐ 4x ☐ 5.5x

(Please include Telescope PD even if ordering Plano lenses)

Telescope Case Color: ☐ Black ☐ Silver

3. CARRIER LENSES

☐ SV ☐ ST-28 ☐ PAL ☐ Other:

OD:	Prism:	OD	Dist PD:	Near PD:	
OS:	Prism:	OS	Dist PD:	Near PD:	
Add Power: OD:	OS:	Seg Height:	OD:	OS:	

Lens Material: ☐ CR-39 ☐ Poly ☐ Trivex ☐ 1.60 ☐ 1.67

Lens Extras: ☐ ARC ☐ Scratch ☐ UV ☐ Edge Polish ☐ Roll & Polish

☐ Photochromic Color: ☐ Solid Tint ☐ Grad. Tint Color/ % Tint:

Carrier Special Instructions:

4. EYEPIECE CORRECTION

Recommended if SPH is above ±8.00 or CYL is above ±3.00 ☐ No ☐ Yes Specify Rx:

5. FRAME

	Size					Color		
K	☐ 48-18-140	☐ 51-18-140	☐ 53-18-140	☐ 55-18-145	☐ 57-18-145	☐ Silver	☐ Bronze	☐ Gold
U	☐ 47-18-140	☐ 49-18-140	☐ 51-18-140	☐ 53-18-145	☐ 55-18-145	☐ Silver	☐ Bronze	☐ Gold
Sleek	☐ 50-18-140	☐ 53-18-145				☐ Silver	☐ Gunmetal	
Neo	☐ 45-18-140	☐ 48-18-145		☐ Black	☐ Smoke	☐ Blue	☐ Red	☐ Pink

Custom Metal Temples: Skull: ☐ 135 ☐ 140 ☐ 145 Cable: ☐ 155 ☐ 160 ☐ 165

6. ACCESSORIES

Patient Case: ☐ No ☐ Yes

Slip-Behind Sun Filters: (For Ocutech Frames Only)

☐ Gray ☐ Brown ☐ Yellow ☐ Blue-Blocker (Amber) ☐ Set of Four (Gray, Brown, Yellow, BB)

☐ Red* ☐ Magenta* *Specialized Filter

Specify Aperture: ☐ Filter Covers Eyepiece ☐ Filter Does NOT Cover Eyepiece

Filter Cap(s): Qty: Specify Color(s):

- Standard Colors: Ocutech Gray, Brown, Blue Blocker (Amber), Yellow
- Custom Colors: available by request

Chemistrie Clip: Specify Color:

- Std Colors (Polarized) Gray, Brown, Yellow, Amber, Blue, Bronze, Rose
- Custom Colors by request

7. OTHER SPECIAL INSTRUCTIONS

8. AUTHORIZATION

☐ Visa ☐ MasterCard

Card #: Exp Date: Sec. Code:

Name on Card: Billing Zip Code:

Signature: Date:

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