VES® MINI (3x)

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 TYPE

☐ Unmounted ☐ Frame Mounted ☐ Demo Clip Trial Ring: ☐ Center Pos. ☐ Bioptic Pos.

3. TELESCOPE

Telescope for Which Eye: ☐ OD ☐ OS ☐ OU

Exact Monocular PD for Position of Telescope Eyepiece (in mm): _____ OD _____ OS

Telescope Color: ☐ Black ☐ Silver

(Please include Telescope PD even if ordering Plano lenses)

For Dist. TS: _____ mm below top of lens to ctr of eyepiece (standard 10mm) _____ ° upward angle (standard 10°)

For Near TS: _____ mm above bottom of lens to ctr of eyepiece (standard 15mm) _____ ° downward angle (standard 12°)

4. 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: ☐ Trivex (3.0 Minimum Thickness)

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

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

Carrier Special Instructions:

5. EYEPIECE CORRECTION

Recommended if SPH is above ±10.00 or CYL is above ±3.00 ☐ No ☐ Yes

OD Specify Rx: OS Specify Rx:

6. 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	☐ 53-18-140	☐ 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

7. 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

8. OTHER SPECIAL INSTRUCTIONS

9. AUTHORIZATION

☐ Visa ☐ MasterCard

Card #: Exp Date: Sec. Code:

Name on Card: Billing Zip Code:

Signature: Date:

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