SIGHTSCOPE® NEARVIEW

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

☐ Frame Mounted ☐ Patient Clip-On ☐ Demo Clip-On

3. MOUNTING POSITION

☐ Full-Diameter (Standard) ☐ BottomView (Bifocal)

4. TELESCOPE

Telescope for Which Eye: ☐ OD ☐ OS ☐ OU Dummy Scope (for balance/ cosmetics): ☐ OD ☐ OS

Telescope Power: 1.7x TS Base with PERMANENTLY attached Reading Caps: ☐ +1.00 ☐ +1.50 ☐ +2.00 ☐ +3.00

5. 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 ☐ 1.74

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

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

Carrier Special Instructions:

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	* Recommended for Full-Diameter/Standard NearView			☐ 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) ☐ Red* ☐ Magenta* *Specialized Filter ☐ Set of Four (Gray, Brown, Yellow, BB)

Chemistrie Clip: Specify Color:

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