REVEAL: THROUGH-THE-LENS
(Traditional)

OCUTECH®

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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. TYPE OF ORDER

Eyepiece correction is required for non-plano carrier lens orders.

☐ 2.2x Telescope (Through-the-Lens; Ocutech Mounted)
☐ 2.2x Telescope - Unmounted (Through-the-Lens; Prescriber Mounted)
☐ 0.5x Field Expander (Through-the-Lens; Ocutech Mounted)
☐ 0.5x Field Expander - Unmounted (Through-the-Lens; Prescriber Mounted)
☐ Demo Clip (**Clip Only; no TS or FE**. Accepts TS or FE for trial purposes. Same Demo Clip used for Instamount Demo)

3. TELESCOPE

☐ Black ☐ Silver

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

Telescope for Which Eye: ☐ OD ☐ OS ☐ OU

(Please include Telescope PD even if ordering Plano lenses)

Telescope Position: _____ mm from top of the frame to center of the eyepiece (Std 8mm) _____ ° Upward Angle (Std 10°)

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

*Required for non-plano carrier lens orders ☐ 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	☐ 53-18-145	☐ 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

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)

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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