SIGHTSCOPE® TS & FE

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

☐ Bioptic (Standard) ☐ BottomView (Bifocal)

4. TELESCOPE

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

Telescope Power: ☐ 1.7x ☐ 2.2x ☐ 0.5x (Field Expander)

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	☐ 53-18-145	☐ 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) ☐ Set of Four (Gray, Brown, Yellow, BB)

☐ Red* ☐ Magenta* *Specialized Filter

Reading Cap(s): ☐ OD ☐ OS ☐ OU Specify Powers Below (+0.50 to +4.00 in 0.50D increments)

Reading Cap Powers (s): #1: #2 #3 #4

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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