TUNNEL VISION

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. TYPE OF ORDER

Field Viewer (-4.00D (0.25x) ☐ w/ Neck Strap & Pouch Qty: _____

Image Minifier (0.5x IM) ☐ Handheld - w/ Neck Strap ☐ Trial Frame Ring ☐ Unmounted: Qty: _____ ☐ Frame Mounted *

SightScope Field Expander (0.5x FE) ☐ Demo Clip ☐ Patient Clip ☐ Frame Mounted**

Reveal TTL (0.5x FE) ☐ In Trial Ring ☐ Unmounted: Qty: _____ ☐ Frame Mounted*

Reveal Instamount (0.5x FE) ☐ Unmounted: Qty: _____ Includes both straight and 7° tilted self adhesive flanges *** *Instamount FE is supplied for prescriber mounting only; Ocutech does not mount this device*

Reveal Demo Clip (CLIP ONLY) ☐ Qty: _____ Clip only (no FE), Accepts unmounted FE for trials. Same demo clip used for Reveal TTL & Instamount.

(* Telescope position, carrier lens, and frame information are required.) (** Carrier lens and frame information are required.)

3. TELESCOPE POSITION

Telescope for Which Eye?	☐ OD ☐ OS ☐ OU	**Exact Monocular PD for Position of Telescope Eyepiece (in mm):** _____ OD _____ OS
Vertical Position:	_____ mm from top of frame to center of IM/FE	*(Please include Telescope PD even if ordering Plano lenses)*

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. 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
☐ Red* ☐ Magenta* *Specialized Filter (Gray, Brown, Yellow, BB)

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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