VES® K

OCUTECH®

Email: customerservice@ocutech.com
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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

Telescope for Which Eye: ☐ OD ☐ OS

Exact Monoc PD for Pos. of TS Eyepiece: _____ mm

Telescope Power: ☐ 3x ☐ 4x *(Please include Telescope PD even if ordering Plano lenses)*

Telescope Case Color: ☐ Black

3. 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

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

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

Carrier Special Instructions:

4. EYEPIECE CORRECTION

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

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 (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

Chemistrie Clip: Specify Color:
- Std Colors (Polarized) Gray, Brown, Yellow, Amber, Blue, Bronze, Rose
- Custom Colors by request

NoIR Fitover (U or L only): Specify Color: Colors Available: #1, 2, 7, 8, 11, 12, 17, 21, 22, 23, 33, 40, 43, 48, 57, 65, 67, 81, 88, 97, 99, 533

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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