

OCUTECH®

VES®-Falcon Autofocus Bioptic ORDER FORM

VES®-Falcon

FAX: 919 967-8146

ACTION REQUESTED: Estimate Only Place Order

DATE _____

ACCOUNT NAME _____ PATIENT NAME _____

PRESCRIBER'S NAME _____ PATIENT AGE _____ M F

ADDRESS _____ PATIENT DIAGNOSIS _____

CITY _____ STATE _____ ZIP _____ P.O. NO. _____

COUNTRY _____ PHONE _____ OFFICE CONTACT _____

EMAIL ADDRESS _____ FAX _____

1 TYPE of ORDER: PATIENT SYSTEM DEMONSTRATOR KIT

2 TELESCOPE

Telescope for which eye?	<input type="checkbox"/> OD <input type="checkbox"/> OS	Exact PD for position of telescope eyepiece:
Telescope Power	<input type="checkbox"/> 3x <input type="checkbox"/> 4x <input type="checkbox"/> 5.5x	
Telescope Case Color	<input type="checkbox"/> Black <input type="checkbox"/> Silver	

3 CARRIER LENSES

OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS
Lens Type:	Material: <input type="checkbox"/> CR-39 <input type="checkbox"/> Hi-Index <input type="checkbox"/> Polycarbonate	Seg. height:		
Special instructions: (Tint, coatings, etc.)				

4 EYEPIECE CORRECTION NO YES Specify Rx: _____

5 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION

Ocutech Unisex	Frame Size: <input type="checkbox"/> 49/18 <input type="checkbox"/> 51/18 <input type="checkbox"/> 53/18 (Available in Bronze and Silver)	<input type="checkbox"/> Gold <input type="checkbox"/> Bronze <input type="checkbox"/> Silver
Ocutech K Style	Frame Size: <input type="checkbox"/> 51/18 <input type="checkbox"/> 53/18 <input type="checkbox"/> 55/18 <input type="checkbox"/> 57/18	<input type="checkbox"/> Gold <input type="checkbox"/> Bronze <input type="checkbox"/> Silver
Ocutech Sleek	Frame Size: <input type="checkbox"/> 50/18 <input type="checkbox"/> 53/18	<input type="checkbox"/> Silver <input type="checkbox"/> Gun Metal
Temples	Skull <input type="checkbox"/> 135 <input type="checkbox"/> 140 <input type="checkbox"/> 145	Cable <input type="checkbox"/> 155 <input type="checkbox"/> 160 <input type="checkbox"/> 165
Pediatric	<input type="checkbox"/> K Style 48/18/140 <input type="checkbox"/> Unisex 47/18/140	<input type="checkbox"/> Silver <input type="checkbox"/> Bronze

6 ACCESSORIES

Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
Slip-Behind Sun Filters (For Ocutech frames only)	<input type="checkbox"/> Gray <input type="checkbox"/> Brown <input type="checkbox"/> Blue Blocker <input type="checkbox"/> Yellow <input type="checkbox"/> Set of Four <input type="checkbox"/> Red
	Specify eyepiece aperture: <input type="checkbox"/> Filter covers eyepiece <input type="checkbox"/> Eyepiece not covered by filter
Filter Cap	Specify color: _____

7 SPECIAL INSTRUCTIONS: _____

8 AUTHORIZATION: Credit Card VISA MasterCard

Card #	Code	Exp. Date
Name on Credit Card		
Signature		Date