

OCUTECH®
instaMOUNT
INSTAMOUNT ORDER FORM

FAX: 919 967-8146

ACCOUNT NAME			DATE
PRESCRIBER'S NAME			PATIENT NAME
ADDRESS			P.O. NO.
CITY	STATE	ZIP	OFFICE CONTACT
7 CI BHF.....D<CB9.....			: 5 X

1 CHECK DESIRED VERSION(S)	
<input type="checkbox"/>	2.2x Galilean Telescope (TS): (Includes both straight and 7 degree tilted self adhesive flanges)
<input type="checkbox"/>	0.5x Field Expander (FE): (Includes both straight and 7 degree tilted self adhesive flanges)
<input type="checkbox"/>	InstaMount Demonstrator Clip: Accepts either TS or FE for testing purposes
<input type="checkbox"/>	Replacement flanges 7 degree tilted or straight self-adhesive mounting flanges (set of 4)
<input type="checkbox"/>	InstaMount Mounted to magnetic clip-on frame select: <input type="checkbox"/> 2.2x TS <input type="checkbox"/> 0.5x FE eye: <input type="checkbox"/> OD <input type="checkbox"/> OS specify frame below

2 CARRIER LENSES (OPTIONAL)				
OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS
Lens Type:	Material:	Seg. Height		
Special Instructions: (Tint, coatings, etc.)				

3 FRAME (OPTIONAL)				
Ocutech Unisex	Frame Sizes	49/18/140 <input type="checkbox"/>	51/18/140 <input type="checkbox"/>	
Ocutech "K" Style	Frame Sizes	51/18/140 <input type="checkbox"/>	53/18/140 <input type="checkbox"/>	55/18/140 <input type="checkbox"/> 57/18/140 <input type="checkbox"/>
	Color	Gold <input type="checkbox"/>	Bronze <input type="checkbox"/>	Silver <input type="checkbox"/>
Special instructions		Specify alternate temple length, cable temples, side shields		
Magnetic clip-on frame	Specify here			

4 ACCESSORIES (OPTIONAL)	
Slip-behind Sunfilters	<input type="checkbox"/> Gray <input type="checkbox"/> BlueBlocker <input type="checkbox"/> Brown <input type="checkbox"/> Amber <input type="checkbox"/> Set of all four <input type="checkbox"/> Achromatopsia Red
Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No

5 SPECIAL INSTRUCTIONS	
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6 AUTHORIZATION	Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> M/C	Card #	Code:	Exp. Date:
Signature:				Date: