



Flip-Up Bioptic Telescope System ORDER FORM

OCUTECH® SightScope®

FAX: 919 967-8146

ACTION REQUESTED: [] Estimate Only [] Place Order
ACCOUNT NAME, PRESCRIBER'S NAME, ADDRESS, CITY, STATE, ZIP, COUNTRY, PHONE, EMAIL ADDRESS
PATIENT NAME, PATIENT AGE, PATIENT DIAGNOSIS, P.O. NO., OFFICE CONTACT, FAX

1 TYPE of ORDER: [] Frame-Mounted System [] Patient Clip-on System [] Demonstrator Clip-on System

2 SIGHTSCOPE TELESCOPE [] 1.7x [] 2.2x For which eye(s)? OD [] OS [] OU []
SIGHTSCOPE FIELD EXPANDER [] 0.5x FE For which eye(s)? OD [] OS [] OU []

3 CARRIER LENSES [] Supply as specified below [] Provide without carrier lenses
OD: ADD Distance PD OD OS
OS: ADD Near PD OD OS
Lens Type: Material: [] CR-39 [] Hi-Index [] Polycarbonate Seg. height
Special instructions: (Tint, coatings, etc.)

4 FRAME (Choose One Style, Frame Size, Temple Style and Length, and Color) VISIT OUR WEBSITE FOR COMPLETE SELECTION
Ocutech Unisex Frame Size: [] 49/18 [] 51/18 [] 53/18 (Available in Bronze and Silver) [] Gold [] Bronze [] Silver
Ocutech K Style Frame Size: [] 51/18 [] 53/18 [] 55/18 [] 57/18 [] Gold [] Bronze [] Silver
Ocutech Sleek Frame Size: [] 50/18 [] 53/18 [] Silver [] Gun Metal
Temples Skull [] 135 [] 140 [] 145 Cable [] 155 [] 160 [] 165
Pediatric [] K Style 48/18/140 [] Unisex 47/18/140 [] Silver [] Bronze

5 ACCESSORIES (Cleaning cloth and neckstrap are included with each system order)
Patient Case [] Yes [] No [] Other:
Slip-behind Sunfilters [] Gray [] Brown [] Blue Blocker [] Yellow [] Set of Four [] Red
Reading Cap(s) [] B [] U [] O Power:

6 SPECIAL INSTRUCTIONS:

7 AUTHORIZATION:
Card Type: [] VISA [] MasterCard Card # Code Exp. Date
Name on Credit Card
Signature Date