



Flip-Up Bioptic Telescope System ORDER FORM

OCUTECH® SightScope2®

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: Frame-Mounted System Patient Clip-on System

2 SIGHTSCOPE TELESCOPE 1.7x 2.2x 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: <input type="checkbox"/> CR-39 <input type="checkbox"/> Hi-Index <input type="checkbox"/> 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: <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

5 ACCESSORIES (Cleaning cloth and neckstrap are included with each system order)

Patient Case	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
Slip Behind Filters	<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
Reading Cap	<input type="checkbox"/> OD <input type="checkbox"/> OS <input type="checkbox"/> OU Power: _____

6 SPECIAL INSTRUCTIONS: _____

7 AUTHORIZATION:

Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card # _____	Code _____	Exp. Date _____
Name on Credit Card _____			
Signature _____			Date _____