

# OCUTECH®

## VES®-MINI (Manual Focus) ORDER FORM

**VES®-MINI**

**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  UNMOUNTED  TRIAL RING  DEMO CLIP

### 2 TELESCOPE (3x only)

Chassis Color:  Black (Standard)  Silver

Telescope for which eye?  OD  OS  Binocular      Exact PD for eyepiece position: OD \_\_\_\_\_ OS \_\_\_\_\_

Telescope Positioning:  For Distance Telescopes \_\_\_\_\_ mm below top of lens (Std 10 mm)  For Near Telescopes \_\_\_\_\_ mm above bottom of lens (Std 15 mm)

\_\_\_\_\_ degrees upward angle (Std 10 degrees)  \_\_\_\_\_ degrees downward angle (Std 12 degrees)

### 3 CARRIER LENSES

OD:	ADD	Distance PD	OD	OS
OS:	ADD	Near PD	OD	OS

Lens Type: \_\_\_\_\_ Material:  CR-39  Hi-Index  Trivex      Seg. height: \_\_\_\_\_

Special instructions: (Tint, coatings, etc.) \_\_\_\_\_

**4 EYEPIECE CORRECTION**      NO      YES      Specify Rx: OD: \_\_\_\_\_ OS: \_\_\_\_\_

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

<b>Ocutech Unisex</b>	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
<b>Ocutech K Style</b>	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
<b>Ocutech Sleek</b>	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

Frame enclosed      Specify style and manufacturer: \_\_\_\_\_      Frame Size: \_\_\_\_\_      Temple: \_\_\_\_\_

### 6 ACCESSORIES

<b>Patient Case</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other: _____
<b>Slip-Behind Sun Filters (For Ocutech frames only)</b>	<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
<b>Filter Cap</b>	Specify color: _____
<b>Reading Cap</b>	Specify power: _____

### 7 SPECIAL INSTRUCTIONS:

**8 AUTHORIZATION:** Credit Card  VISA  MasterCard

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