



VES®-EXPLORER (Manual Focus) ORDER FORM

VES®-EXPLORER

FAX: 919 967-8146

ACTION REQUESTED: Estimate Only Place Order DATE
ACCOUNT NAME PATIENT NAME
PRESCRIBER'S NAME PATIENT AGE
ADDRESS PATIENT DIAGNOSIS
CITY STATE ZIP PO NO.
COUNTRY PHONE OFFICE CONTACT
EMAIL ADDRESS FAX

1 TELESCOPE Telescope for which Eye? OD OS Exact PD for Position of Telescope Eyepiece: mm
Telescope Power 3x 4x
Telescope Case Color Black Silver Blue Green Red Pink

2 CARRIER LENSES Lens Type: SV ST-28 PAL RND22 Other:
OD: PRISM: ADD: Distance PD: OD OS
OS: PRISM: ADD: Near PD: OD OS
Lens Material: CR-39 Poly 1.67 Trivex Other: Seg. height: mm

Carrier Special Instructions: (Tint, Coatings, Transitions, Edge Polish, Roll & Polish, etc.)

3 EYEPIECE CORRECTION Recommended if SPH is above ±10.00 or CYL is above ±3.00 NO YES Specify Rx:

4 FRAME
U Style (Unisex) 47-18-140 49-18-140 51-18-140 53-18-140 55-18-145 Silver Bronze Gold (49 & 51 only)
K Style 48-18-140 51-18-140 53-18-140 55-18-145 57-18-145 Silver Bronze Gold (not in 48)
Sleek 50-18-140 53-18-145 Silver Gun Metal
Custom Temples Skull (standard): 135 140 145 Cable: 155 160 165

5 ACCESSORIES
Patient Case Yes No
Slip-Behind Sun Filters (For Ocutech frames only) Gray Brown Blue Blocker Yellow Set of Four
Red* Magenta* *Specialized Filter Color
Specify eyepiece aperture: Filter covers eyepiece Filter does NOT cover eyepiece
Filter Cap Specify color:
Reading Cap Specify power:

6 OTHER SPECIAL INSTRUCTIONS:

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