



IMAGE MINIFIER/ FIELD VIEWER ORDER FORM

IM/FV

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 TYPE of ORDER (Telescope position, carrier lens, and frame information needed ONLY for Frame Mounted IM)
FIELD VIEWER -4D (.25x) Includes neck strap and pouch.
HANDHELD IM Includes neckstrap, pouch, and adjustment tools.
FRAME MOUNTED IM Complete options below. Includes adjustment tools.
TRIAL FRAME IM Inserted in trial frame ring. Includes pouch and adjustment tools.
UNMOUNTED IM Specify Quantity: Includes adjustment tools.

2 TELESCOPE OD OS OU Exact PD for Position of Telescope Eyepiece: OD mm OS mm
Vertical Position mm from top of the frame to center of IM
(Please include Telescope PD even if ordering plano lenses)

3 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: Trivex (Recommended) Seg. height: mm

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

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

5 FRAME
Table with columns for U Style (Unisex), K Style, Sleek, Custom Temples, Skull (standard), Cable, and color options (Silver, Bronze, Gold, Gun Metal).

6 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

7 OTHER SPECIAL INSTRUCTIONS:

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