

# OCUTECH®

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

**VES®-MINI**

**FAX: 919 967-8146**

<b>ACTION REQUESTED:</b>	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 _____	

<b>1</b>	<b>TYPE of ORDER</b>	Frame Mounted	Unmounted	Demo Clip	Trial Ring:	Center Position	Bioptic Position	
<b>2</b>	<b>TELESCOPE</b>	OD	OS	OU	<b>Exact PD for Position of Telescope Eyepiece:</b>			OD _____ mm OS _____ mm
	Telescope Case Color	Black	Silver		<i>(Please include Telescope PD even if ordering plano lenses)</i>			

Telescope Positioning	<b>For Distance Telescopes</b> _____ mm below top of lens (Std: 10 mm) _____ degrees upward angle (Std: 10° )	<b>For Near Telescopes</b> _____ mm above bottom of lens (Std: 15 mm) _____ degrees downward angle (Std: 12° )
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<b>3</b>	<b>CARRIER LENSES</b>	<b>Lens Type:</b>	SV	ST-28	PAL	RND22	Other:
OD:	PRISM:	ADD:	<b>Distance PD:</b>		OD	OS	
OS:	PRISM:	ADD:	<b>Near PD:</b>		OD	OS	
<b>Lens Material:</b>	Trivex					<b>Seg. height:</b>	_____ mm

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

<b>4</b>	<b>EYEPIECE CORRECTION</b>	<i>Recommended if SPH is above ±10.00 or CYL is above ±3.00</i>	NO	<b>YES Specify Rx:</b>
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<b>5</b>	<b>FRAME</b>									
<b>U Style (Unisex)</b>	47-18-140	49-18-140	51-18-140	53-18-140	55-18-145	Silver	Bronze	Gold (49 & 51 only)		
<b>K Style</b>	48-18-140	51-18-140	53-18-140	55-18-145	57-18-145	Silver	Bronze	Gold (not in 48)		
<b>Sleek</b>	50-18-140	53-18-145				Silver	Gun Metal			
<b>Custom Temples</b>	<b>Skull (standard):</b>	135	140	145	<b>Cable:</b>	155	160	165		

<b>6</b>	<b>ACCESSORIES</b>									
<b>Patient Case</b>	Yes	No								
<b>Slip-Behind Sun Filters (For Ocutech frames only)</b>	Gray	Brown	Blue Blocker	Yellow	Set of Four	<i>Set of Four Includes : Gray, Brown, BB, Yellow</i>				
	Red*	Magenta*	<i>*Specialized Filter Color</i>							
	<b>Specify eyepiece aperture:</b>		Filter covers eyepiece	Filter does NOT cover eyepiece						
<b>Filter Cap</b>	<b>Specify color:</b>									

<b>7</b>	<b>OTHER SPECIAL INSTRUCTIONS:</b>
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<b>8</b>	<b>AUTHORIZATION:</b>	Credit Card	VISA	MasterCard
Card # _____	Code _____	Exp. Date _____		
Name on Credit Card _____				
Signature _____				Date _____