

SIGHTSCOPE® NearView

OCUTECH®-NearView®

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	OD	OS	OU	
2	TELESCOPE READING POWER	+1	+1.5	+2	+3
3	CARRIER LENSES	Supply as Specified Below		Provide without Carrier Lenses	

Lens Type: SV (Distance Vision Rx Recommended)

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

Lens Material: CR-39 Poly 1.67 Trivex Other:

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

4 FRAME (Sleek Frame Recommended)

Sleek	50-18-140	53-18-145		Silver	Gun Metal
Custom Temples	Skull (standard):	135	140	145	Cable: 155 160 165

Alternate Ocutech Frame Request:

5 ACCESSORIES

Patient Case	Yes	No			
Slip-Behind Sun Filters (For Ocutech frames only)	Gray	Brown	Blue Blocker	Yellow	Set of Four <small>Set of Four Includes : Gray, Brown, BB, Yellow</small>
	Red*	Magenta*	<small>*Specialized Filter Color</small>		

6 OTHER SPECIAL INSTRUCTIONS:

7 AUTHORIZATION: Credit Card VISA MasterCard

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