

OCUTECH® Reveal

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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	Through-the-Lens	InstaMount	Magnetic Clip-On	Patient Clip-On (FE Only)	Demo Clip-On
2	TELESCOPE FOR:	OD	OS	OU	Telescope PD: (For Through-the-Lens or Magnetic Clip-on only)	_____ OD _____ OS

Telescope Power: 2.2x **Field Expander:** 0.5x

Device Positioning (For Through-the-Lens or Magnetic Clip-on only) _____ mm below top of lens (Std: 8mm) _____ Degrees upward angle (Std: 10° from horizontal)

3	CARRIER LENSES	Supply as Specified Below Provide without Carrier Lenses
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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

**Trivex required for Through-the-Lens orders*

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

4	EYEPIECE CORRECTION (Required for non-plano Through-the-Lens orders)	No	Yes	Rx: OD _____ OS _____
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5 FRAME (Ocutech frames not for Magnetic Clip-On orders, contact Ocutech for Magnetic Clip-On frame options or specify below)

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

For Magnetic Clip-on Frames specify frame and size here:

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

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