



VES®-K (Manual Focus) ORDER FORM

VES®-K

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 *(Please include Telescope PD even if ordering plano lenses)*

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	<i>Set of Four Includes : Gray, Brown, BB, Yellow</i>		
	Red*	Magenta*	<i>*Specialized Filter Color</i>					
	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 _____