



Replacement Carrier Lenses ORDER FORM

Replacement Carrier Lenses

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 Information for slot size & placement if needed) (Please include Telescope PD even if ordering plano lenses)

Telescope Type: Sport (I or II) Explorer Sightscope (I or II) Falcon Other:

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 (EPC) Update or add a new one? NO YES Specify Rx:

4 FRAME Supply New Frame Use Patient's Frame (Sending Frame) Provide Lenses Only (Specify Frame Below)
Table with columns for U Style (Unisex), K Style, Sleek, Custom Temples, Skull (standard), Cable, and various frame options.

5 ACCESSORIES
Patient Case Yes No
Slip-Behind Sun Filters (For Ocutech frames only) Gray Brown Blue Blocker Yellow Set of Four
Red* Magenta* *SpecialFilter Color
Specify eyepiece aperture: Filter covers eyepiece Filter does NOT cover eyepiece
Filter Cap Specify color: Reading Cap Specify power:
Variable Density Filter Cap (For Sport II ONLY) Specify color 1: Specify color 2:

6 OTHER SPECIAL INSTRUCTIONS:

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