

| | | |
|----------------------------------|--------------------------------|------------|
| 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 Patient Order Stock Order Specify Quantity: _____

*The SideSight comes complete with all frame mounting options, USB-C cable required for charging.
The SideSight will work on most eyeglasses frames, we do not recommend thin wire temples for use with the SideSight.
If you would like to order Ocutech Eyeglasses, please complete the form below.*

2 CARRIER LENSES Supply as Specified Below Provide without 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 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 |

4 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> | | | | | |
| USB-C Cable (for SideSight) | Yes | No | | | | | | |

5 OTHER SPECIAL INSTRUCTIONS: _____

6 AUTHORIZATION: Credit Card VISA MasterCard

| | | |
|----------------------------------|-------------------|------------------------|
| Card # _____ | Code _____ | Exp. Date _____ |
| Name on Credit Card _____ | | |
| Signature _____ | Date _____ | |