

ORDER FORM



Name: _____

Shipping Address: _____

Phone: _____ Email: _____

Billing Address: _____

Purchase Order Number: _____

Quantity	Item	Cost	Total
	Low Vision Simulation Kit	\$230.00 each	
	20/70 Acuity Lens (Red)	\$25.00 each	
	20/200 Acuity Lens (Black)	\$25.00 each	
	20/400 Acuity Lens (Blue)	\$25.00 each	
	20/600 Acuity Lens (Green)	\$25.00 each	
	Field Restriction Funnels: 3°	\$15.00 each	
	Field Restriction Funnels: 7°	\$15.00 each	
	Field Restriction Funnels: 10°	\$15.00 each	
	Macular Degeneration Near Lens	\$15.00 each	
	Macular Degeneration Distance Lens	\$15.00 each	
	Cataract Lens	\$15.00 each	
	Hemianopsia Lenses (2)	\$15.00 each	
	Retinal Detachment Lens	\$15.00 each	
	Black Occluder Lens	Free	
	Goggles	\$15.00 per pair	
	Carrying case	\$35.00 each	
	Foam Insert	\$15.00 each	
	(If Applicable) Handling	Charge	
	(Call for Details) Shipping	Charge	
			Grand Total

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