



135 Rio West, Bldg B | El Paso, TX 79932
 Phone 1.888.642.0842 | Fax 1.866.958.8777
 www.walterslowvision.com

Walters Mounted Telescope Order Form

Account Name: _____ Acct# _____ Date: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Fax: _____ Email: _____
 Patient Name: _____ Office Contact: _____

Telescope/Magnification (Check one):

- 2.2X Mini monocular Focusable Fixed Focus
- Monocular (Circle Magnification): 2X8 2.75X8 3X9 3X19 3X20 3.25X25 3.8X11
- 4X10 4X12 4.2X10 6.3X25 6X16 8X20 8X21

Telescope in which eye (Circle One): OD OS OU

Binocular Dist. PD: _____ OR Monocular Dist. PD: R _____ L: _____

Mounting Position (Circle One): Full Diameter Bioptic / Superior
(on center, aim straight) (mounted high, angled up)

Vertical Position: _____ mm below top of lens (Standard is 10mm for Bioptic / Superior)
 _____ mm or specify center vertically Full Diameter

Vertical Angle _____ (Standard: 10° upward for Bioptic / Superior, Straight ahead for Full Diameter)
**** Mark on lenses the center of the hole(s) to be drilled. ****

Carrier Lens (Carrier is supplied by the prescribing doctor. Lens must be polycarbonate and of normal thickness).

OD: _____ Add: _____ Seg Style: _____
 OS: _____ Add: _____ Seg Ht.: _____ Seg Near PD: _____

List lens coatings, special materials, etc. that were used: _____

Eyepiece Rx OD: _____ OS: _____
 Walters monoculars can be fitted with 1.00 diopter through 5.00 diopter cylindrical lenses.

Accessories

Reading Cap, Power: _____ Case for Spectacle Mounted Monocular: _____ Head Strap: _____

Frame Selection: _____
 (Specify which frame was used).

Special Instructions: _____