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Walters Mounted Telescope Order Form

Account Name: _____ **Acct#** _____ **Date:** _____
Address: _____
City: _____ **State:** _____ **Zip:** _____
Phone: _____ **Fax:** _____ **P.O.#** _____
Patient Name: _____ **Office Contact:** _____

Telescope/Magnification (Check one):

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

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: _____