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# 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: \_\_\_\_\_

\_\_\_\_\_