

H.K. EyeCan Ltd.
(Tel: 800-356-3362 or 613-860-0333)

O R D E R F O R M

SHIP TO	BILL TO
Name:	Name:
Address:	Address:
(No P.O. boxes)	
City:	City:
State/Province:	State/Province:
Country:	Country:
Zip/Postal code:	Zip/Postal code:
EIN/Social Security #:	Tel. #:
Tel. #:	

OPTOMETRIST/OPTICIAN SECTION			CLIENT SECTION	
Prescription - near vision	R	L	Disability (describe)	
Dominant Eye (x)	R	L	Intended Use (x)	
Selected Eye (x)	R	L	Person-to-person	
MPD-Monocular Pupillary	Distance - distance vision		With computer	
Reflex Method	R	L	Computer	Model
Non-reflex Method	R	L	IBM or compatible	
Frame	Bridgesize	Eyesize	Macintosh	
Outer canthus to top of ear	mm	Color	Operating System	Type
Pantoscopic Tilt (x)	2 7 12	Other	PC - Win 95 +	
Ocular Motor Control (x)	Good Fair	Poor	PC - Other	
Date			Mac - System 6 +	
Name (please print)			Order Date	
Tel. #			P.O. # (institutional)	

PAYMENT METHOD
<input type="checkbox"/> P.O. enclosed <input type="checkbox"/> Check enclosed

ITEM	DESCRIPTION	QTY	UNIT PRICE	TOTAL
	Prices in USD			

CLIENT NAME AND ADDRESS IF OTHER THAN "SHIP TO"	SUBTOTAL	
_____	Shipping & handling	
_____	TOTAL	

Ordered by: _____ Relation to client: _____