ESCHENBACH

HAUS CALL TELELOWVISION PROGRAM
Product Trial Kit Order Form

Account #: _____ Purchase Order #: _____

Account Name:_____ Date: _____

Placed by: _____ Phone: _____

Doctor or staff member to contact with passwords and/or Telelowvision Program review **(required)**:

Name: _____ Email: _____

Shipping Information

Patient Name: _____ Patient Phone: _____

Street Address: _____Unit #_____

City: _____State: _____ Zip: _____

Preferred date of virtual appointment (must be min. of 10 business days after date of order): _____

Ship via: ☐ Regular **(regular shipping included in price)**

Other shipping options (surcharge applies): ☐ 3-day ☐ 2-day ☐ Overnight AM ☐ Overnight PM

Product Trial Kit Options – Check One

☐ **Product Trial Kit <u>with</u> optional iPad** (#TLV-2P) ☐ With iPad ☐ Without iPad (Check one)

☐ **Product Trial Kit previously purchased as part of a Complete System**

Please provide Sales Order #_____

Special Instructions: _____

Products For Kit

Product Number	Bracketing* if Possible?	Notes
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	
	☐ Yes ☐ No	

**Bracketing involves offering a similar device one unit of measure stronger and lower than that ordered to allow for any variances in the needs required for the object(s) being viewed. For absorptive filters, different frame sizes or tints will be used.*

Once form is completed, save and submit to customerservice@eschenbach.com