

 **ESCHENBACH**  
**HAUS CALL TELEVISION PROGRAM**  
**Complete System 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

**Complete System Options – Check One**

**Complete System with optional iPad: Diagnostic Kit & Product Trial Kit**

(#TLV-1D & #TLV-1P)     With iPad                      Without iPad (Check one)

- "iDoktor" Diagnostic Kit with iPad and 3 tests: near acuity, distance acuity and contrast/filters for diagnostic appointment

- "iProdukt" Product Trial Kit with iPad and products selected by low vision professional for product trial appointment (Product Trial Kit Order Form to be provided after diagnostic appointment)

Special Instructions: \_\_\_\_\_

**Once form is completed, save and submit to [customerservice@eschenbach.com](mailto:customerservice@eschenbach.com)**

*\*Please Note: Some kit options may not be available on the exact requested date based on demand.*