



OCULUS, Inc.
17721 59th Avenue N.E.
Arlington, WA 98223

Tel: 425-670-9977
Fax: 425-670-0742
www.oculususa.com
Email: sales@oculususa.com

Dear Valued Client,

Enclosed you will find samples of 2 different patient education flyers:

- OCULUS Pentacam® for Cataract patients
- OCULUS Pentacam® for Refractive patients

Please be sure to display these and hand them out to your patients. These are good resources to market your investment in this advanced diagnostic device to your patients and differentiate your services.

You can order additional copies online at www.oculus-onlineshop.com/flyers

Alternatively, you can fill the order form below and fax or email it to us at:

FAX: (425) 670-0742

Email: sales@oculususa.com

ORDER FORM

*Patient Education Flyers are \$25.00 per package. Each package contains 50 flyers.

QTY	DESCRIPTION	UNIT PRICE	TOTAL
	Patient Education Flyers- Cataract (50 flyers)	\$25.00 per package	
	Patient Education Flyers- Refractive (50 flyers)	\$25.00 per package	
		SUBTOTAL	
		SALES TAX	
		SHIPPING AND HANDLING	FREE
		TOTAL	

*See back for payment information.



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Payment Form

Amount to be charged: \$ _____
Credit Card Type (Visa, Amex, MasterCard): _____
Credit Card Number: _____
Expiration Date: _____
Verification Code: _____

CREDIT CARD BILLING INFORMATION:

Full Name on Card: _____
Address: _____
City, State, Zip: _____

SHIP TO ADDRESS:

Company: _____
First Name/Last Name: _____
Address: _____
City, State, Zip: _____

Please sign for payment authorization:

Date of payment authorization: _____

If you would like a receipt of the invoice including the credit card payment,
Please provide us with your preferred contact information:

Fax number: _____
Email address: _____