



OCULUS, Inc.  
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Fax: 425-670-0742  
[www.ocususa.com](http://www.ocususa.com)  
Email: [sales@ocususa.com](mailto:sales@ocususa.com)

Dear Valued Client,

Enclosed you will find samples of the OCULUS Keratograph Dry Eye patient education flyer.

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.ocus-onlineshop.com/flyers](http://www.ocus-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@ocususa.com](mailto:sales@ocususa.com)

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## ORDER FORM

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

| QTY | DESCRIPTION                       | UNIT PRICE            | TOTAL |
|-----|-----------------------------------|-----------------------|-------|
|     | Patient Education Flyers- Dry Eye | \$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: \_\_\_\_\_