

 **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: Diagnostic Kit (3 tests) & Product Trial Kit**

(#TLV-1D & #TLV-1P)

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

- Please provide patient PD for distance acuity test if available: \_\_\_\_\_

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

**Modified Complete System: Diagnostic Kit (2 tests) & Product Trial Kit**

(#TLV-2D & #TLV-2P)

- "iDoktor" Diagnostic Kit with iPad and **2 tests**: near acuity and contrast/filters for initial appointment (no distance acuity test)

- "iProdukt" Product Trial Kit with iPad and products selected by low vision professional for follow up appointment (Product Trial Kit Order Form to be provided after initial 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.*