



Fork in the Road Vision Rehabilitation Services, LLC

**We accept institutional purchase orders. Terms are net 30 days.
You may use your own purchase order form or the one below.**

Qty	Item #	Low Vision Simulator	Price (USD)	Total
	101	Central scotoma: Visual acuity 20/400 (6/120) with large central scotoma	\$37	
	102	Central scotoma: Visual acuity 20/200 (6/60) with small central scotoma	\$37	
	103	Tunnel vision: 10° Visual field & visual acuity of 20/80 (6/24)	\$37	
	104	Tunnel vision: 20° Visual field & no impairment of visual acuity	\$37	
	105	Diabetic retinopathy: Visual acuity of 20/100 (6/30)	\$37	
	106	Blur/glare: Visual acuity of 20/80 (6/24)	\$33	
	107	Blur/glare: Visual acuity of 20/200 (6/60)	\$33	
	108	Blur/glare: Visual acuity of 20/400 (6/120)	\$33	
	109	Blur/glare: Visual acuity of 20/800 (6/240)	\$33	
	110	Right Homonymous Hemianopsia with no impairment of acuity	\$44	

	111	Right Homonymous Hemianopsia with 20/200 (6/60) acuity	\$44	
	112	Left Homonymous Hemianopsia with no impairment of acuity	\$44	
	113	Left Homonymous Hemianopsia with 20/200 (6/60) acuity	\$44	
	201	Canvas Logo Bag	\$12	
	13	Full set of 13 simulators (no bag)	\$487	
	13B	Full set of 13 simulators with canvas carrying bag	\$499	
	LUV	LUV Reading Workbook (USB drive)	\$149	
	VSRT	Pepper Visual Skills for Reading Test	\$275	
	FRAST	Functional Reading Acuity Screening Test	\$25	
	Morgan	Morgan Low Vision Reading Comprehension Assessment	\$95	
		Total		
		Shipping (to be determined based on weight and destination)		

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Voice/FAX: 608-233-3464

LowVisionSimulators@Gmail.com WWW.LowVisionSimulators.com



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***** Sold To *****

Date _____

Name _____

Organization/Company _____

Address _____

Address _____

City _____ State/Prov _____ Postal _____

Country _____ Email _____

Phone _____ Fax _____

***** Ship To (if different) *****

Name _____

Organization/Company _____

Address _____

Address _____

City _____ State/Prov _____ Postal code _____

Country _____ Phone _____

Payment (circle): Check * Purchase Order * Credit Card: Visa MasterCard Amex

Number _____

Expires _____ CVC code _____ Signature _____