



3139 Christy Way South  
Saginaw, MI. 48603 Phone 800-638-1171  
FAX: 800-806-1663 EMAIL: Orders@Hi-TechOptical.com

Order Date	I-F
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<b>Bill To:</b> 1300 <b>SMCO</b> PL-36 CPL-836	<b>Patient Information</b>	<b>Ship To:</b>
SMCO - Grey Iron Kyle Buckey 989-280-2103	Name	
Washington & 10th Saginaw, MI 48605	GM ID # (9 digits)	Phone # ( )

**To complete the Prescription Safety Glasses order form, please circle one or more items in each section below.**

Section 1 - Lens Material (Circle one material)	Section 6 - Frames (Circle Frame Style)	Self Pay
Plastic Basic Impact Only 00 - 21 For DD-28 ONLY	<b>Frame Group Light Blue (1) -</b>	Included
Polycarbonate High Impact 1	<b>Frame Group Yellow (2) -</b>	Included

Section 2 - Lens Style (Circle one style)	Self Pay	Poly
Single Vision Poly	\$ -	
Bifocals D28 Poly	\$ -	
Trifocals 7X28 Poly	\$ -	
Double Segment Plastic Only	NA	
Progressive-Outlook Min.Seg.Ht.18 Poly	\$ -	
Progressive- Image Min.Seg.Ht.18 Poly	\$ -	
Progressive- Natural Min.Seg.Ht.18 Poly	\$ 30.60	
Progressive- Adage Min.Seg.Ht.14 Poly	\$ 30.60	

Section 3 - Lens Options (Circle option)	Self Pay	Poly
Multi-Focal Wider than Standard D35, 7X35 8X35, Full Line	\$ -	

Section 4 - Lens Coatings (Circle all required)	1000, 1001, 4001
Tints-Poly Color: Rose Level 1 2	\$ -

Section 5 - Frame Options (Circle option requested)	Self Pay	Poly
Permanent Side Shields REQUIRED!	5006	\$ -
Eyeglasses Case	5001, 5002, 5003	\$ -

Progressive Lens (Non-Adapt) or Doctor Error Warranty: No Refunds. Hi-Tech Optical will remake the glasses in Single Vision, Bi-Focal or Tri-Focal at no charge or upgrade a progressive at employee cost (one time only) if notified within 60 days.

The employee is responsible to pay any amount in the self pay columns at the time of order. Fill out the credit card information.

**EMPLOYEE GRAND TOTAL (For All Sections.)** \$

RX Prescription Information						Seg. Height for ALL multifocals		Must have PD		Vertex	Pantoscopic	Wrap
Sphere	Cylinder	Axis	Prism	Base	Add	Seg Height	Distance PD	Near PD	Distance	Tilt	Angle	
Right OD												
Left OS												

Special Instructions: Readers [ ]	Lenses Only [ ] Frame Only [ ]	RX Provider Signature:	RX Date:
		RX Provider Phone:	RX Expiration:

Purchase Authorized By	Employee Credit Card Information
Signature _____ Date _____	Signature _____ Date _____
	Visa MC Discover Exp. ___/___ CVV Code _____ (3 digits on back) CC #: _____ Billing address Zip Code: _____