



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

Order Date _____ I-F

Bill To: 1314 Powertrain PL-249 CPL-250	Patient Information		Ship To:
Powertrain Bay City	Name		
Mark Hotelling			
734-776-6342	GM ID # (9 digits)	Phone #	
1001 Woodside Ave.			
Bay City, MI 48706	()		

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	Frame Group Light Blue (1) -	Included
Polycarbonate High Impact 1	Frame Group Yellow (2) -	Included
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.	Frame Group Yellow (2) -	Included

Section 2 - Lens Style (Circle one style)	Self Pay	Frame Group Orange (4) -	\$7.65
Single Vision Poly \$ -		Frame Group Red (5) -	\$ 15.30
Bifocals D28 Poly \$ -		Frame Group Dark Blue/Grey (6,7) -	\$ 22.95
Trifocals 7X28 Poly \$ -		Frame Group Green (8) -	\$ 30.60
Double Segment Plastic Only NA			
Progressive-Accolade 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)			
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 \$ -			
Anti-Reflective Coating- Standard \$ 35.00			
Anti-Reflective Coating- Premium \$ 70.00			

Employees are eligible for one complete pair of glasses per calendar year. No other lens options are allowed unless authorization has been obtained.

Eye Size	Bridge Size	Frame Color	
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HTO does not warranty A/R Coatings on Safety Eyewear

Section 5 - Frame Options (Circle option requested)			
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 Distance	Pantoscopic Tilt	Wrap Angle
	Sphere	Cylinder	Axis	Prism	Base	Add	Seg Height	Distance PD				
Right OD								Near PD				
Left OS												

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