



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

Order Date _____ I-Fortney

Bill To: 292 GM PL-233 CPL-234	Patient Information		Ship To:
GM	Name	Heartland Vision	
	GM ID # (9 digits)	Phone #	2030 South Reed Rd.
			Kokomo, In 46902
Kokomo, IN		()	Phone: 765-455-1644

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
Polycarbonate	High Impact		1	Frame Group 1 -	F6000	SL920	SL921		Included	
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				Frame Group 2 -	ZT100	EL-1	EL-2	EL-3	Included	
				FC703	FC707	BC101	BC102A	BC104A		
				BC109	BC115	BC116				
Section 2 - Lens Style (Circle one style)				Frame Group 3 -	SW06	SW06E				
		Self Pay	Poly	VL-1	VL-2	VL-3			\$ 3.85	
Single Vision	Poly			PC261	PC264	PC266	PC280			
Bifocals	D28	Poly		Frame Group 4 -	Steel 200	Steel 300	Steel 400	Steel 800		
Trifocals	7X28	Poly		Urban 6					\$ 11.50	
				Frame Group 5 -	Classic 1	ST-4				
Progressive-Outlook	Min.Seg.Ht.18	Poly	\$ -	TR301	TR302	TR303	TR304	TR306	TR307	
Progressive- Image	Min.Seg.Ht.18	Poly	\$ -	TR308	TR309				\$ 19.15	
Progressive- Natural	Min.Seg.Ht.18	Poly	\$ 30.60	Frame Group 6 -	TH-5	TH-6	TH-8	TH-10	\$ 26.80	
Progressive- Adage	Min.Seg.Ht.14	Poly	\$ 30.60	Frame Group 7 -	EXT2	EXT4	EXT5	EXT8	EXT9	
Styles are available in only those materials listed above.				EXTS1	EXTS2				\$ 34.50	
Section 3 - Lens Options (Circle option)				Frames underlined are scheduled to be discontinued and may not be available.						
Multi-Focal Wider than Standard	D35, 7X35 8X35, Full Line		\$ -	Contract only allows for the items listed on this order form. No other options are available.						
				Eye Size	Bridge Size	Frame Color				
Section 4 - Lens Coatings (Circle all required)				1000, 1001, 4001						
Tints-Poly	Color: Rose	Level 1 2	\$ -							
Anti-Reflective Coating			\$ -							
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	Near PD				
Right OD												
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
4.0 - Kokomo	I-Fortney	Visa MC Discover Exp. ____/____ CVV Code _____ (3 digits on back)	Billing address Zip Code: _____