



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

Order Date \_\_\_\_\_ I-Fortney

<b>Bill To:</b> 292 GM PL-233 CPL-234	<b>Patient Information</b>		<b>Ship To:</b>
GM	Name	Preferred Eye Care LLC	
	GM ID # (9 digits)	Phone #	2315 W. Jefferson St
			Kokomo, IN 46901
Kokomo, IN		( )	Phone: 765-455-0404

**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		<b>Frame Group 1 -</b>	F6000	SL920	SL921		Included		
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				<b>Frame Group 2 -</b>	ZT100	EL-1	EL-2	EL-3	Included		
				FC703	FC707	BC101	BC102A	BC104A			
				BC109	BC115	BC116					
<b>Section 2 - Lens Style (Circle one style)</b>				<b>Frame Group 3 -</b>	SW06	SW06E					
				VL-1	VL-2	VL-3			\$ 3.85		
Single Vision	Poly		\$ -	PC261	PC264	PC266	PC280				
Bifocals	D28	Poly	\$ -	<b>Frame Group 4 -</b>	Steel 200	Steel 300	Steel 400	Steel 800			
Trifocals	7X28	Poly	\$ -	Urban 6					\$ 11.50		
				<b>Frame Group 5 -</b>	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	<b>Frame Group 6 -</b>	TH-5	TH-6	TH-8	TH-10	\$ 26.80		
Progressive- Adage	Min.Seg.Ht.14	Poly	\$ 30.60	<b>Frame Group 7 -</b>	EXT2	EXT4	EXT5	EXT8	EXT9		
Styles are available in only those materials listed above.				EXTS1	EXTS2				\$ 34.50		
<b>Section 3 - Lens Options (Circle option)</b>				Frames underlined are scheduled to be discontinued and may not be available.							
Multi-Focal Wider than Standard	D35, 7X35 8X35, Full Line		\$ -	<b>Contract only allows for the items listed on this order form. No other options are available.</b>							
<b>Section 4 - Lens Coatings (Circle all required)</b>				1000, 1001, 4001	Eye Size					Bridge Size	Frame Color
Tints-Poly	Color: Rose	Level 1 2	\$ -								
Anti-Reflective Coating			\$ -								
<b>Section 5 - Frame Options (Circle option requested)</b>											
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: \_\_\_\_\_ 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: _____