

3139 Christy Way South  
 Saginaw, MI. 48603  
 PHONE: 989-799-9390 FAX: 989-799-3711



Order Date \_\_\_\_\_ I-P-E

Bill To: **2684**

State Of Wisconsin UW

Patient Information

Ship To: \_\_\_\_\_

University of WI - Madison  
 Lorraine Toman 715-635-3735  
 Spooner Agricultural Research Station  
 W6646 Highway 70  
 Spooner, WI 54801

Name \_\_\_\_\_  
 Employee # \_\_\_\_\_ Dept \_\_\_\_\_ Phone # \_\_\_\_\_  
 ( ) \_\_\_\_\_

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**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 - Frame Options (Circle Frame Style)				Self Pay
Glass	Basic Impact Only	03		<b>Frame Group 1</b>				Included
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900	SP83	
Polycarbonate	High Impact	1		<b>Frame Group 2</b>				Included
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				A2000	70F	SC900	SC901	
Section 2 - Lens Style (Circle one style)				<b>Frame Group 3</b>				Included
Plano	Plastic, Glass or Poly	Included	Included	ZT100	F6000	FC704	FC705	
Single Vision	Plastic, Glass or Poly	Included	Included	<b>Frame Group 4</b>				Included
Bifocals	Round, D25, D28, D35, Full Line	Included	Included	DX670	D490	Classic 3	PC269	
Trifocals	7X25, 7X28, 8X35, Full Line	Included	Included	<b>Frame Group 5</b>				Included
Double Segment	Plastic	Included	NA	7700	7702	Alpha	Beta	Gamma
Progressive- Accolade	Min.Seg.Ht.18	Plastic or Poly	Included	OG071	OG091	OG093		
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	Included	<b>Frame Group 6</b>				Included
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	Included	650	DP620	DP720	DP810	DP820
Progressive- Ideal		Plastic or Poly	Included	FC707	FC709			
Progressive- LifeScope		Plastic or Poly	Included	<b>Frame Group 7</b>				Included
Progressive- Varilux Comfort		Plastic or Poly	Included	Steel 300	Steel 400	ZT200	OG101	PC264
Section 3 - Lens Coatings (Circle all required)				<b>Frame Group 8</b>				Included
Tints	Solid	Gradient	1000	SWO9R	6005			
	Tint Color	Rose	Green	Gray				
	Tint Level	1	2	3				
Anti-Reflective Coating			4101	<b>Frame Group 9</b>				Included
Super Anti-Reflective Coating			4102	TRX	Urban-6	EX281S	SW04	TR307S
Section 4 - Lens Options (Circle option)				<b>Frame Group 10</b>				Included
Transitions			Included	EXT2	EXT4	EXT5	EXT8	
Photo Chromatic Lens (Glass Only)			Included	<b>Frame Group 11</b>				Included
Polarized			Included	EXT6	EXT10	EXT13	EXT14	
Section 5 - Frame Options (Circle option requested)				Self Pay				
Permanent Side Shields	MUST PICK	61-69	Included	NOTES: Selection of items not on the order form are not allowed. Only items included in the contract will be supplied at contract prices.				
Detachable Side Shields	ONE	51-59	Included	Eye Size	Bridge Size	Frame Color		
Silicon Nose Pads		2023-N	Included					
Side Shields are required for all employees. Circle the style picked.								

RX Prescription Information							IMPORTANT: Must have PD for ALL Rx's				Seg. Height for ALL multifocals	
	Sphere	Cylinder	Axis	Prism	Base		Add	Dist PD	Near PD		Seg Height	
Right OD												
Left OS												
Special Instructions: _____							RX Provider Signature: _____				RX Date: _____	
Readers [ ] _____							RX Provider Phone: _____				RX Expiration: _____	

Purchase Authorized By	
Signature _____	Date _____
14.0-WI-UW-MAD-SARS	