



*Required Fields

Prescription Eyewear Order Form

Hi-Tech Optical, Inc.
 3139 Christy Way South
 Saginaw MI 48603
 (P) 800.638.1171 (F) 800.806.1663
www.hi-techoptical.com

Bill To: **2360**

Order Date
(MM/DD/YY)

Eligibility #

*Employee
Last Name

*Employee
First Name

Employee #

Employee
Phone

Bill-To: Account #: **2360**

DLA Distribution
 1968 Gilbert Street
 Norfolk, VA 23511

Linda Ocampo (757) 319-1562

Ship-To:

Employee Address:

Frame Groups	Price
H1, H9, 5003.....	30.00
SW06, ZT100, 6001.....	35.00
OG220S, ZT200, W3.....	40.00
SW07, SW08, ZT500.....	45.00

Lens Style	Price
Single Vision.....	24.00
Bi-Focal.....	42.00
Tri-Focal.....	42.00
Progressive (Standard).....	83.00

Lens Material	Price
Polycarbonate (SV/MF).....	00.00

Lenses Only Complete Pair Patient's Own Frame Frame Only

Frame Style	Eye	Bridge	Color	Temple

Polycarbonate

Side Shields: Permanent

Single Vision Tri-Focal 28 35
 Bi-Focal 28 35 Progressive (Standard)

CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

Clear Standard AR Coating
 Polarized
 Photochromic

Lens Options	Price
Photochromic (Transition).....	50.00
Polarized.....	50.00

Tints & Coatings	Price
Scratch Coat (comes on all poly lenses).....	00.00
Standard AR Coat.....	28.00

Prescription		Sphere	Cylinder	Axis	Prism	Base
	Right OD					
	Left OS					
		Add Power	Seg. Height	Distance PD	Near PD	
	Right OD					
	Left OS					

Other Options	Price
Soft Case.....	00.00

Side Shields	Price
Permanent	5.00

The employees are responsible for any upgrades. **ALL CREDIT CARD CHARGES ARE MADE BY HTO.**

*Signature is required for Employee Credit Card charges.

Card Type:	Credit Card Number	Expiration Date	CVV	Total Amount
VI, MC, AX, DI	(xxxx-xxxx-xxxx-xxxx)	(MM/YY)		

Shipping	Price
UPS.....	13.25

Signature: _____

Doctor/Optician:
 Phone _____ Fax _____
 Signature _____

Total \$ _____

Supervisor Contact
 Phone _____

Signature _____