



\*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](http://www.hi-techoptical.com)

Bill To: **2751**

Order Date  
(MM/DD/YY)

Purchase  
Order #

\*Employee  
Last Name

\*Employee  
First Name

Employee #

Employee  
Phone

Bill-To:  
**Account #: 2751**  
 Grand River Dam Authority  
 226 W Dwain Willis Ave  
 PO Box 409  
 Vinita, OK 74301

Ship-To:  
**Provider #: 430**  
 Pryor Eye Clinic  
 1715 N. Lynn Riggs  
 Claremore, OK 74361

Frame Groups	Co-Pay Amount
F9800, F9900.....	13.00
SC900, SC901.....	14.00
7012, 7013, 7014, SL-5, SL-6.....	21.00
FC704, FC705.....	21.50
DP610, DP620, OG103.....	24.00
H1, H3, H9, SW06, D-490, DX670.....	25.00
7000, 7016.....	29.00
DG104, DGXL1, DR-2, 7005, 7017.....	33.00
7003, 7004, 7009.....	66.00
EXT2, EXT5, EXT8.....	71.00
Respirator Insert.....	115.00

Lens Style	Co-Pay Amount
Single Vision.....	15.00
Bi-Focal.....	21.00
Tri-Focal.....	21.00
Progressive.....	40.00

Lens Material	Co-Pay Amount
Polycarbonate (SV/MF).....	00.00
Glass.....	00.00
Plastic.....	00.00

Lens Options	Co Pay Amount
Transitions.....	50.00
Polarized.....	45.00
Overpowers (+800 or -1300 total power).....	80.00
Ultraviolet Protection.....	00.00

Tints & Coatings	Co Pay Amount
Tint.....	3.00
Standard AR Coat.....	28.00
Anti-Fog.....	42.00
Standard Scratch Coat (plastic only).....	5.00
Premium Scratch Coat.....	25.00

Other Options	Co-Pay Amount
Silicon Nose Pads.....	2.50
Roll/Polish Edges.....	6.00

Side Shields	Co-Pay Amount
Permanent .....	5.00
Detachable.....	2.50

Dispensing	Co-Pay Amount
Dispensing Fee.....	25.00
Shipping.....	1.50

Total \$ \_\_\_\_\_

Supervisor Contact  
Phone \_\_\_\_\_

Signature \_\_\_\_\_

Lenses Only    Complete Pair    Patient's Own Frame    Frame Only

Frame Style	Eye	Bridge	Color	Temple

Polycarbonate    Plastic CR-39    Glass    Other \_\_\_\_\_

Side Shields:  Permanent    Detachable

Single Vision    Tri-Focal  28  35    Double D  28  35  
 Bi-Focal  28  35    Progressive \_\_\_\_\_

CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

Clear    Transitions Vantage    Premium AR Coating  
 Tint \_\_\_\_\_    Standard Scratch Coating    Anti-Fog  
 Photochromic Poly/Plastic    Premium Scratch Coating    Polarized  
 Transitions XTRActive    Standard AR Coating    Other \_\_\_\_\_

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

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

\*Signature is required for Emp Credit Card charges.

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

Signature: \_\_\_\_\_

**Doctor/Optician:**  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Signature \_\_\_\_\_