



\*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: **2752**

Order Date  
(MM/DD/YY)

Eligibility #

\*Employee  
Last Name

\*Employee  
First Name

Employee #

Employee  
Phone

Bill-To: Account #: **2752**  
 Green Bay Dressed Beef  
 544 Acme Street  
 Green Bay, WI 54302  
 Jeff Bowers 920-436-4215

Ship-To:  
 Green Bay Dressed Beef  
 544 Acme Street  
 Green Bay, WI 54302  
[jbowers@americanfoodsgroup.com](mailto:jbowers@americanfoodsgroup.com)

Frame Groups	Co-Pay Amount
1. Standard.....	14.00
2. Baseline.....	22.00
3. Premier.....	35.00
4. Trendsetter.....	42.00
5. Exclusive.....	48.00
6. Titanium.....	65.00
3M 6878 Gas Mask Insert.....	98.00

Lens Style	Co-Pay Amount
Single Vision.....	17.00
Bi-Focal.....	19.99
Tri-Focal.....	19.99
Progressive:	
1. Standard.....	40.00
2. Premium.....	117.00
3. Ultra.....	127.00

Lens Material	Co-Pay Amount
Polycarbonate (SV/MF).....	00.00
Plastic.....	00.00
Glass.....	20.00

Lenses Only    Complete Pair    Patient's Own Frame    Frame Only

Frame Style	Eye	Bridge	Color	Temple

Polycarbonate    Plastic CR-39    Glass

Side Shields:  Permanent    Detachable

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

CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

Clear    Scratch Coat (both sides)    UV Filter  
 Tint \_\_\_\_\_    Standard AR Coating    Anti-Fog  
 Transition Poly/Plastic    Premium AR Coating    Polaroid

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

Lens Options	Co-Pay Amount
Transition Poly/Plastic.....	45.00

Tints & Coatings	Co-Pay Amount
Tint Plastic/Poly.....	3.00
Scratch Coat (both sides).....	5.00
Standard AR Coat.....	25.00
Premium AR Coat.....	45.00
UV Filter.....	3.00
Anti-Fog.....	30.00
Polaroid.....	45.00

Other Options	Co-Pay Amount
No Script – PLANO Lens.....	17.00

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

Payment: TOTAL AMOUNT WILL BE PAYROLL DEDUCTED – NO PAYMENT NEEDED

Notes:

Shipping	Co-Pay Amount
Shipping.....	2.50

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

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

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

Signature \_\_\_\_\_