Hi-Tech Optical

*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:	
Order Date (MM/DD/YY)	
Eligibility #	
*Employee Last Name	
*Employee First Name	
Employee #	
Employee Phone	

Bill-To: Account #: 2838
CORP Employees
Acument – Belvidere Operations
826 East Madison St
Belvidere, IL 61008
Rhonda Engelkes 815-544-0331

Ship-To: (Circle Provider)

#434
6410 E. State St
Rockford, IL
815-397-2020

#439
304 N. State St
Belvidere, IL
815-544-3431

☐ Lenses Only ☐ Complete Pair ☐ Patient's Own Frame ☐ Frame Only

Frame Style	Eye	Bridge	Color	Temple

☐ Polycarbonate ☐ Plastic CR-39 ☐ Glass

Side Shields: ☐ Permanent

☐ Single Vision ☐ Tri-Focal ☐ 28 ☐ 35
☐ Bi-Focal ☐ 28 ☐ 35 ☐ Progressive

CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

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

Signature:

Doctor/Optician:
Phone_____ Fax _____
Signature _____

Frame Groups — Co-Pay Amount

1. Standard/Baseline.....00.00
2. Premiere.....00.00
3. Trendsetter.....20.00
4. Exclusive.....30.00
5. Titanium.....45.00

Lens Style — Co-Pay Amount

Single Vision.....00.00
Bi-Focal.....00.00
Tri-Focal.....00.00
Progressive (Standard).....00.00

Lens Material — Co-Pay Amount

Polycarbonate.....00.00
Plastic.....00.00
Glass.....00.00

Lens Options — Co-Pay Amount

Tints & Coatings — Co-Pay Amount

Other Options — Co-Pay Amount

Side Shields — Co-Pay Amount

Permanent 00.00

Dispensing — Co-Pay Amount

Dispensing Fee.....00.00

Total $_____

Supervisor Contact

Phone_____

Signature_____