



\*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: **3059**

Order Date  
(MM/DD/YY)

\*PO #

\*Employee  
Last Name

\*Employee  
First Name

Employee #  
Dept

\*Employee  
Phone

**Bill-To:**

Account #: **3059**  
Ashley Industrial Molding - Kendallville  
310 S. Wabash Ave  
Ashley, IN 46705

**Ship-To:**

Provider #: **640**  
Midwest Eye Consultants  
712 Cameron Woods Dr.  
Angola, IN 46703

Frame Groups	Co-Pay Amount
Standard/Baseline (Lt Blue/Yellow).....	00.00
Premier (Orange).....	00.00
Trendsetter (Red).....	5.00
Executive (Dark Blue).....	10.00
Titanium (Green).....	40.00

Lens Style	Co-Pay Amount
Single Vision.....	00.00
Bi-Focal.....	00.00
Tri-Focal.....	00.00
Computer Lens (Sola Access).....	57.50
Progressive:	
1. Accolade.....	00.00
2. Natural.....	75.00
3. Comfort.....	75.00

Lens Material	Co-Pay Amount
Polycarbonate (SV/MF).....	00.00
Plastic (CR-39).....	00.00
Glass.....	5.00
Trivex.....	40.00

Lens Options	Co-Pay Amount
N/A	

Tints & Coatings	Co-Pay Amount
Tint Plastic/Poly.....	5.00
(Rose1 or Gray 10% ONLY)	
Standard AR Coat.....	35.00
Premium AR Coat.....	70.00
Standard Scratch Coat.....	00.00
Premium Scratch Coat.....	25.00
Anti-Fog.....	42.00

Other Options	Co-Pay Amount
Plastic Double Bi-Focals.....	72.50
Roll Edges.....	3.00
Polish Edges.....	3.00

Side Shields	Co-Pay Amount
Permanent .....	00.00

Dispensing	Co-Pay Amount
Dispensing Fee.....	00.00

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

Supervisor:  
Phone \_\_\_\_\_  
Signature \_\_\_\_\_

Lenses Only    Complete Pair    Patient's Own Frame    Frame Only

Frame Style	Eye	Bridge	Color	Temple

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

Side Shields:  Permanent

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    Standard Scratch Coating    Premium AR Coating  
 Tint \_\_\_\_\_    Premium Scratch Coating    Anti-Fog  
 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 \_\_\_\_\_