



*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: **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 #: **636**
 Drs. Roush and Will, Inc.
 781 E North Street
 Kendallville, IN 46755

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 _____