3139 Christy Way South
Saginaw, MI. 48603
PHONE: 989-799-9390 FAX: 989-799-3711

Hi-Tech Optical

Bill To: 2616	State Of Wisconsin	DDD	Patient Information	Order Date / Ship To:
	City of Milwaukee		Name	
	Department of Employee Relations			
	Attn: A/P, City Hall, Room 706		Employee # Dept Phone # ( )	
	200 E. Wells St			
	Milwauke, WI 53202			

MUST HAVE NILSA ROSADO-JURKIEWICZ'S SIGNATURE BEFORE THE JOB CAN GET STARTED

Section 1 - Lens Material (Circle one material)			
Glass	Basic Impact Only	03	
Plastic	Basic Impact Only	00 - 21	
Polycarbonate	High Impact	1	

Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.

Section 2 - Lens Style (Circle one style)		Plastic/Glass	Poly
Plano	Plastic, Glass or Poly	Included	Included
Single Vision	Plastic, Glass or Poly	Included	Included
Bifocals	*Round, D25, D28, D35*	Included	Included
Trifocals	*7X25, 7X28, 8X35*	Included	Included
Double Segment	Plastic	Included	NA
Progressive- Basic	Min.Seg.Ht.18 Plastic or Poly	Included	Included
Progressive- Image	Min.Seg.Ht.18 Plastic or Poly	Included	Included
Progressive- Natural	Min.Seg.Ht.18 Plastic or Poly	$ 20.00	$ 20.00
Progressive- Digital 1	Plastic or Poly	$ 35.00	$ 35.00
Progressive- Digital 2	Plastic or Poly	$ 45.00	$ 45.00
Progressive- Varilux Comfort	Plastic or Poly	$ 60.00	$ 60.00

Section 3 - Lens Coatings (Circle all required)				Self Pay
Tints	Solid	Gradient	1000	Included
Tint Color	Rose	Green	Gray	
Tint Level	1 - 2 - 3			
Anti-Reflective Coating			4101	Included
Super Anti-Reflective Coating			4102	$ 55.00
Premium Scratch Coating			1103	$ 25.00

Section 4 - Lens Options (Circle option)	Self Pay
Transitions	$ 60.00
Photo Chromatic Lens (Glass Only)	$ 60.00

Section 5 - Frame Options (Circle option requested)		Self Pay
Permanent Side Shields	61-69	Included
Detachable Side Shields	51-59	Included
Silicon Nose Pads	2023-N	Included

Side Shields are required for all employees. Circle the style picked.

Section 6 - Frame Options (Circle Frame Style)						Self Pay
Frame Group 1						Included
Eagle	F9800	F9900	SP83			
Frame Group 2						Included
A2000	70F	SC900	SC901			
Frame Group 3	**OG013**	OG014				Included
ZT100	F6000	FC704	FC705			
Frame Group 4						Included
DX670	D490	Classic 3	PC269			
Frame Group 5	7012	7013	7014			
7700	7702	Alpha	Beta	Gamma		Included
OG071	OG091	OG093	WF678	WF679		
Frame Group 6	7005	7006	7007	7402		
	DP620	DP720	DP820			Included
FC707	FC709					
Frame Group 7	7008	7009	7015			
Steel 300	Steel 400	ZT200	OG101	DP610		$ 2.80
Frame Group 8						Included
SWO9R	6005					
Frame Group 9	7000	7001	7002	Rebel		$ 12.30
TRX	Urban-6	EX281S	SW04	TR307S		
Frame Group 10						$ 36.30
EXT2	EXT5	OG076	OG099			
Frame Group 11						$ 43.30
	EXT10	EXT13	EXT14			
	OG109	OG110				
Avon Vision Correction Assembly Insert						Included

NOTES: Selection of items not on the order form are not allowed.
Only items included in the contract will be supplied at contract prices.

Eye Size	Bridge Size	Frame Color

Dispensing Fee — Included

The employee is responsible for any amount in the self pay column. Add the cost of all selected items in sections 1 through 6. Employee will need to pay this amount with credit card at the time of order. Fill out the credit card information below.

EMPLOYEE GRAND TOTAL (For All Sections.) $

RX Prescription Information

IMPORTANT: Must have PD for ALL Rxs Seg. Height for ALL multifocals

	Sphere	Cylinder	Axis	Prism	Base	Add	Dist PD	Near PD			Seg Height	
Right OD												
Left OS												

Special Instructions:

Readers [ ]

Lenses Only [ ]

Frame Only [ ]

RX Provider Signature:

RX Provider Phone:

RX Date:

RX Expiration:

Supervisor Authorization

Signature Date

Purchase Authorized By (Required. Must be Nilsa Rosado-Jurkiewicz)

Signature Date

Employee Credit Card Information

Signature Date

Visa MC Discover Exp._____/_____ CVV Code _____ (3 digits on back)

CC #: Billing address Zip Code: