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

Hi-Tech Optical

Order Date I-M-P

Bill To: 2611 State Of Wisconsin DHS

Northern Wisconsin Center
NWC Business Office 715-723-5542
2820 East Park Ave.
Chippewa Falls, WI 54729

Patient Information

Name

Employee # Dept 435 Phone # ( )

Ship To:

To Complete the Prescription Safety Glasses order form, please circile one or more items in each section below.

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	$ 32.00	NA
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	$ 22.00	$ 22.00
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	$ 37.00	$ 37.00
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	$ 57.00	$ 57.00
Progressive- Digital 1		Plastic or Poly	$ 72.00	$ 72.00
Progressive- Digital 2		Plastic or Poly	$ 82.00	$ 82.00
Progressive- Varilux Comfort		Plastic or Poly	$ 97.00	$ 97.00

Section 3 - Lens Coatings (Circle all required)			Self Pay
Tints	Solid Gradient	1000	$ 5.00
Tint Color	Rose Green Gray		
Tint Level	1 - 2 - 3		
Anti-Reflective Coating		4101	$ 25.00
Super Anti-Reflective Coating		4102	$ 55.00

Section 4 - Lens Options (Circle option)	Self Pay
Transitions	$ 60.00
Photo Chromatic Lens (Glass Only)	$ 60.00
Polarized	$ 35.00

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					Included
ZT100	F6000	FC704			
Frame Group 4					Included
DX670	D490	Classic 3	PC269		
Frame Group 5	7012	7013	7014		
7700	7702	Alpha	Beta	Gamma	Included
OG071	OG091	OG093			
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		$ 1.50
Frame Group 8					Included
SWO9R	6005				
Frame Group 9	7000	7001	7002	Rebel	$ 11.00
TRX	Urban-6	EX281S	SW04	TR307S	
Frame Group 10					$ 35.00
EXT2	EXT5				
Frame Group 11					$ 42.00
	EXT10	EXT13	EXT14		

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

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:

Purchase Authorized By

Signature **Date**

Employee Credit Card Information

Signature **Date**

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

CC #: Billing address Zip Code:

20.0-WI-DHS-NWC

2/1/2022 1:18 PM