

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



Order Date _____ I-M-P

Bill To: **2642**

State Of Wisconsin DMA

Patient Information

Ship To: _____

Department of Military Affairs
 Attn: James Richardson
 State Budget & Finance Section
 2400 Wright St. PO Box 14587
 Madison, WI 53708-0587

Name _____
 Employee # _____ Dept _____ Phone # _____
 () _____

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

Section 1 - Lens Material (Circle one material)				Section 6 - Frame Options (Circle Frame Style)				Self Pay
Glass	Basic Impact Only	03		Frame Group 1				Included
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900	SP83	
Polycarbonate	High Impact	1		Frame Group 2				Included
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				A2000	70F	SC900	SC901	

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
Premium Scratch Coating			1103	\$ 25.00

Section 4 - Lens Options (Circle option)		Self Pay
Transitions		\$ 60.00
Photo Chromatic Lens (Glass Only)		\$ 60.00
Polarized		\$ 35.00
Anti-Fog	anti-fog	\$ 40.00

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.		

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			\$ 1.50
Frame Group 8							Included
SWO9R	6005						
Frame Group 9				7000	7001	7002	Rebel
TRX	Urban-6	EX281S	SW04	TR307S			\$ 11.00
Frame Group 10							\$ 35.00
EXT2	EXT5	OG076	OG099				
Frame Group 11							\$ 42.00
	EXT10	EXT13	EXT14				
	OG109	OG110					

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.)	\$ _____
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RX Prescription Information							IMPORTANT: Must have PD for ALL Rx's				Seg. Height for ALL multifocals	
Sphere	Cylinder	Axis	Prism	Base			Add	Dist PD	Near PD		Seg Height	
Right OD												
Left OS												

Special Instructions: _____ Lenses Only [] RX Provider Signature: _____ RX Date: _____
 Readers [] _____ Frame Only [] RX Provider Phone: _____ RX Expiration: _____

Purchase Authorized By		Employee Credit Card Information			
Signature	Date	Signature	Date		
		Visa MC Discover	Exp. ____/____	CVV Code _____	(3 digits on back)
		CC #:	Billing address Zip Code:		

20.0-WI-DMA