

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



Order Date _____ I-E

Bill To: **2643**

State Of Wisconsin DNR

Patient Information

Ship To: _____

Department of Natural Resources
Attn: Chong Lee 608-267-7208

Name _____

101 S. Webster St. FN/2

Employee # _____ Dept _____ Phone # _____

Madison, WI 53707

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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		\$ 10.00	NA	
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	Included	Included	
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	\$ 15.00	\$ 15.00	
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	\$ 35.00	\$ 35.00	
Progressive- Digital 1		Plastic or Poly	\$ 50.00	\$ 50.00	
Progressive- Digital 2		Plastic or Poly	\$ 60.00	\$ 60.00	
Progressive- Varilux Comfort		Plastic or Poly	\$ 75.00	\$ 75.00	

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
Polarized				\$ 35.00

Section 5 - Frame Options (Circle option requested)				Self Pay
Permanent Side Shields	REQUIRED	61-69		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		Included
7700	7702	Alpha	Beta	Gamma				
OG071	OG091	OG093	WF678	WF679				
Frame Group 6				7005	7006	7007	7402	\$ 1.70
	DP620	DP720		DP820				
FC707	FC709							
Frame Group 7				7008	7009	7015		\$ 4.50
Steel 300	Steel 400	ZT200	OG101	DP610				
Frame Group 8								Included
SWO9R	6005							
Frame Group 9				7000	7001	7002	Rebel	\$ 14.00
TRX	Urban-6	EX281S	SW04	TR307S				
Frame Group 10								\$ 38.00
EXT2	EXT5	OG076	OG099					
Frame Group 11								\$ 45.00
	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	
Dispensing fee. HTO bills Wisc-DNR. HTO will pay dispenser			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.)	\$ _____
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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:

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

20.1-WI-DNR