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: 2527 State Of Wisconsin DOC

Robert E. Ellsworth Correctional Center
c/o Taycheedah Correctional Inst.
Wendy Whitty 920-929-3826
751 County Rd. K
Fond du Lac, WI 54935

Patient Information

Name

Employee # Dept Phone # ( )

Ship To:

Robert E. Ellsworth Corr. Center
Attn: Judy Lafrania
21425 A Spring St.
Union Grove, WI 53182-9408

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	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	Included	Included
Progressive- Digital 1	Plastic or Poly	Included	Included
Progressive- Digital 2	Plastic or Poly	Included	Included
Progressive- Varilux Comfort	Plastic or Poly	Included	Included

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	Included

Section 4 - Lens Options (Circle option)

	Self Pay
Transitions	Included
Photo Chromatic Lens (Glass Only)	Included
Polarized	Included

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	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			
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		Included
Frame Group 8					Included
SWO9R	6005				
Frame Group 9	7000	7001	7002	Rebel	Included
TRX	Urban-6	EX281S	SW04	TR307S	
Frame Group 10					Included
EXT2	EXT5				
Frame Group 11					Included
	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

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**

20.0-WI-DOC-RECC-E