

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



Order Date _____ I-E-P

Bill To: **2691**

State Of Wisconsin DOJ

Patient Information

Ship To:

State Crime Lab - Madison
Megan Niebauer 608-266-2031
niebauerme@doj.state.wi.us
4626 University Ave.
Madison, WI 53705

Name _____
Employee # _____ Dept _____ Phone # _____
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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	Frame Group 3				Included
Plano	Plastic, Glass or Poly		Included	Included	ZT100	F6000	FC704	FC705	
Single Vision	Plastic, Glass or Poly		Included	Included	Frame Group 4				Included
Bifocals	Round, D25, D28, D35		Included	Included	DX670	D490	Classic 3	PC269	
Trifocals	7X25, 7X28, 8X35		Included	Included	Frame Group 5				Included
Double Segment	Plastic	\$ 32.00	NA		7700	7702	Alpha	Beta	Gamma
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	\$ 22.00	\$ 22.00	OG071	OG091	OG093		
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	\$ 37.00	\$ 37.00	Frame Group 6				\$ 1.70
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	\$ 57.00	\$ 57.00	7005	7006	7007	7402	
Progressive- Digital 1		Plastic or Poly	\$ 72.00	\$ 72.00	FC707	FC709	DP620	DP720	DP820
Progressive- Digital 2		Plastic or Poly	\$ 82.00	\$ 82.00	Frame Group 7				\$ 4.50
Progressive- Varilux Comfort		Plastic or Poly	\$ 97.00	\$ 97.00	Steel 300	Steel 400	ZT200	OG101	
Section 3 - Lens Coatings (Circle all required)			Self Pay		Frame Group 8				Included
Tints	Solid	Gradient	1000	\$ 5.00	SWO9R	6005			
	Tint Color	Rose	Green	Gray	Frame Group 9				\$ 14.00
	Tint Level	1	2	3	TRX	Urban-6	EX281S	SW04	TR307S
Anti-Reflective Coating			4101	\$ 25.00	Frame Group 10				\$ 38.00
Super Anti-Reflective Coating			4102	\$ 55.00	EXT2	EXT5			
Section 4 - Lens Options (Circle option)			Self Pay		Frame Group 11				\$ 45.00
Transitions				\$ 60.00	EXT10	EXT13	EXT14		
Photo Chromatic Lens (Glass Only)				\$ 60.00					
Polarized				\$ 35.00					

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

Section 5 - Frame Options (Circle option requested)			Self Pay		Eye Size	Bridge Size	Frame Color
Permanent Side Shields	61-69	\$ 2.50					
Detachable Side Shields	51-59	\$ 5.00					
Silicon Nose Pads	2023-N	Included					
Side Shields are required for all employees. Circle the style picked.							

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 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: _____						RX Provider Signature: _____				RX Date: _____	
Readers [] _____						RX Provider Phone: _____				RX Expiration: _____	

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