

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



Order Date _____ I-E-P

Bill To: **2693**

State Of Wisconsin DOJ

Patient Information

Ship To: _____

State Crime Lab - Wausau
Laurie Hood 715-845-8626
hoodlm@doj.state.wi.us
7100 Steward Ave.
Wausau, WI 54401

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)			
Glass	Basic Impact Only	03	
Plastic	Basic Impact Only	00 - 21	
Polycarbonate	High Impact	1	

Section 2 - Lens Style (Circle one style)			
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)			
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		\$ 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.			

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						Included
7700	7702	Alpha	Beta	Gamma		
OG071	OG091	OG093				
Frame Group 6						\$ 1.70
	DP620	DP720	DP820			
FC707	FC709					
Frame Group 7						\$ 4.50
Steel 300	Steel 400	ZT200	OG101			
Frame Group 8						Included
SWO9R	6005					
Frame Group 9						\$ 14.00
TRX	Urban-6	EX281S	SW04	TR307S		
Frame Group 10						\$ 38.00
EXT2	EXT5					
Frame Group 11						\$ 45.00
	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						
Sphere	Cylinder	Axis	Prism	Base		
Right OD						
Left OS						
Special Instructions: _____ Readers [] Lenses Only [] Frame Only []						

IMPORTANT: Must have PD for ALL Rx's						Seg. Height for ALL multifocals
Add	Dist PD	Near PD			Seg Height	
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-DOJ-CL-WAU