

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



Order Date \_\_\_\_\_ I-P

Bill To: **2678**

State Of Wisconsin DOR

Patient Information

Ship To: \_\_\_\_\_

Department of Revenue

Name \_\_\_\_\_

Employee # \_\_\_\_\_

Dept \_\_\_\_\_ Phone # \_\_\_\_\_

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( ) \_\_\_\_\_

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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		<b>Frame Group 1</b>				\$ 12.00																																																					
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900	SP83																																																						
Polycarbonate	High Impact	1		<b>Frame Group 2</b>				\$ 13.00																																																					
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				A2000	70F	SC900	SC901																																																						
<b>Section 2 - Lens Style (Circle one style)</b>				<b>Frame Group 3</b>				\$ 18.70																																																					
		Plastic/Glass	Poly	ZT100	F6000	FC704	FC705																																																						
Plano	Plastic, Glass or Poly	\$ 3.00	\$ 3.00	<b>Frame Group 4</b>				\$ 23.50																																																					
Single Vision	Plastic, Glass or Poly	\$ 10.00	\$ 10.00	DX670	D490	Classic 3	PC269																																																						
Bifocals	Round, D25, D28, D35	\$ 15.00	\$ 15.00	<b>Frame Group 5</b>	7012	7013	7014																																																						
Trifocals	7X25, 7X28, 8X35	\$ 17.00	\$ 18.00	7700	7702	Alpha	Beta	Gamma																																																					
Double Segment	Plastic	\$ 50.00	NA	OG071	OG091	OG093		\$ 20.00																																																					
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	\$ 40.00	\$ 40.00	<b>Frame Group 6</b>	7005	7006	7007	7402																																																				
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	\$ 55.00	\$ 55.00		DP620	DP720	DP820	\$ 26.70																																																				
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	\$ 75.00	\$ 75.00	FC707	FC709																																																							
Progressive- Digital 1		Plastic or Poly	\$ 90.00	\$ 90.00	<b>Frame Group 7</b>	7008	7009	7015																																																					
Progressive- Digital 2		Plastic or Poly	\$ 100.00	\$ 100.00	Steel 300	Steel 400	ZT200	OG101	\$ 29.50																																																				
Progressive- Varilux Comfort		Plastic or Poly	\$ 115.00	\$ 115.00	<b>Frame Group 8</b>				\$ 23.00																																																				
<b>Section 3 - Lens Coatings (Circle all required)</b>				Self Pay	<b>Frame Group 9</b>	7000	7001	7002	Rebel	\$ 39.00																																																			
Tints	Solid	Gradient	1000	\$ 5.00	SWO9R	6005																																																							
	Tint Color	Rose	Green	Gray	<b>Frame Group 10</b>	TRX	Urban-6	EX281S	SW04	TR307S	\$ 63.00																																																		
	Tint Level	1	2	3	<b>Frame Group 11</b>	EXT2	EXT5				\$ 70.00																																																		
Anti-Reflective Coating			4101	\$ 25.00		EXT10	EXT13	EXT14																																																					
Super Anti-Reflective Coating			4102	\$ 55.00	NOTES: Selection of items not on the order form are not allowed. Only items included in the contract will be supplied at contract prices.																																																								
Premium Scratch Coating			1103	\$ 25.00	<b>Eye Size</b>	<b>Bridge Size</b>	<b>Frame Color</b>																																																						
<b>Section 4 - Lens Options (Circle option)</b>				Self Pay	Dispensing Fee						\$ 25.00																																																		
Transitions				\$ 60.00	<b>EMPLOYEE GRAND TOTAL (For All Sections.)</b>																																																								
Photo Chromatic Lens (Glass Only)				\$ 60.00																																																									
Polarized				\$ 35.00																																																									
Anti-Fog		anti-fog		\$ 40.00																																																									
<b>Section 5 - Frame Options (Circle option requested)</b>				Self Pay	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.																																																								
Permanent Side Shields			61-69	\$ 2.50	<table border="1"> <thead> <tr> <th colspan="6">RX Prescription Information</th> <th colspan="4">IMPORTANT: Must have PD for ALL Rx's</th> <th colspan="2">Seg. Height for ALL multifocals</th> </tr> <tr> <th>Sphere</th> <th>Cylinder</th> <th>Axis</th> <th>Prism</th> <th>Base</th> <th></th> <th>Add</th> <th>Dist PD</th> <th>Near PD</th> <th></th> <th></th> <th>Seg Height</th> <th></th> </tr> </thead> <tbody> <tr> <td>Right OD</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Left OS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						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												
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Detachable Side Shields			51-59	\$ 5.00																																																									
Silicon Nose Pads			2023-N	Included																																																									
Side Shields are required for all employees. Circle the style picked.																																																													

20.0-WI-DOR