

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



Order Date _____ I-M-P

Bill To: **2681**

State Of Wisconsin
 Fox Valley Technical College
 Beth Beyer 920-735-5646
 PO Box 2277
 Appleton, WI 54912

Patient Information
 Name _____
 Employee # _____ Dept _____ Phone # _____
 ()

Ship To: _____

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	
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	\$ 3.00	\$ 3.00
Single Vision	Plastic, Glass or Poly	\$ 10.00	\$ 10.00
Bifocals	Round, D25, D28, D35	\$ 15.00	\$ 15.00
Trifocals	7X25, 7X28, 8X35	\$ 17.00	\$ 18.00
Double Segment	Plastic	\$ 50.00	NA
Progressive- Basic	Min.Seg.Ht.18 Plastic or Poly	\$ 40.00	\$ 40.00
Progressive- Image	Min.Seg.Ht.18 Plastic or Poly	\$ 55.00	\$ 55.00
Progressive- Natural	Min.Seg.Ht.18 Plastic or Poly	\$ 75.00	\$ 75.00
Progressive- Digital 1	Plastic or Poly	\$ 90.00	\$ 90.00
Progressive- Digital 2	Plastic or Poly	\$ 100.00	\$ 100.00
Progressive- Varilux Comfort	Plastic or Poly	\$ 115.00	\$ 115.00

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)	
Transitions	\$ 60.00
Photo Chromatic Lens (Glass Only)	\$ 60.00
Polarized	\$ 35.00

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

Section 6 - Frame Options (Circle Frame Style)					
Frame Group 1					\$ 12.00
Eagle	F9800	F9900	SP83		
Frame Group 2					\$ 13.00
A2000	70F	SC900	SC901		
Frame Group 3					\$ 18.70
ZT100	F6000	FC704	FC705		
Frame Group 4					\$ 23.50
DX670	D490	Classic 3	PC269		
Frame Group 5					\$ 20.00
7700	7702	Alpha	Beta	Gamma	
OG071	OG091	OG093			
Frame Group 6					\$ 26.70
	7005	7006	7007	7402	
	DP620	DP720	DP820		
FC707	FC709				
Frame Group 7					\$ 29.50
Steel 300	Steel 400	ZT200	OG101		
Frame Group 8					\$ 23.00
SWO9R	6005				
Frame Group 9					\$ 39.00
TRX	Urban-6	EX281S	SW04	TR307S	
Frame Group 10					\$ 63.00
EXT2	EXT5				
Frame Group 11					\$ 70.00
	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
Dispensing Fee (Paid to Hi-Tech) do not collect from employee \$ 25.00		

The employee is responsible for any amount over \$250. Add the cost of all selected items in sections 1 through 6. Employee will need to pay the amount over \$250 with credit card or check (payment to Hi-Tech Optical) at the time of order. Fill out the credit card information below.

Total (For all sections) including dispensing	Line A	\$
Company Pays Up to \$250.00 Maximum	Line B	\$ (250.00)
Employee Amount Due (ATO)	Line A-B	

RX Prescription Information					
	Sphere	Cylinder	Axis	Prism	Base
Right OD					
Left OS					
Special Instructions: Lenses Only [] Readers [] 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 Date:		
RX Provider Phone:			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-FVTC