

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



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

Bill To: **2680**

State Of Wisconsin | WHS

Patient Information

Ship To:

Wisconsin Historical Society  
Shannon Wendt 608-264-6456

Name \_\_\_\_\_

\_\_\_\_\_

816 State St., Room 324  
Madison, WI 53706

Employee # \_\_\_\_\_ Dept \_\_\_\_\_ Phone # \_\_\_\_\_  
( )

\_\_\_\_\_

**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>				Included	
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900	SP83		
Polycarbonate	High Impact	1		<b>Frame Group 2</b>				Included	
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>				Included	
		Plastic/Glass	Poly	ZT100	F6000	FC704	FC705		
Plano	Plastic, Glass or Poly	Included	Included	<b>Frame Group 4</b>				Included	
Single Vision	Plastic, Glass or Poly	Included	Included	DX670	D490	Classic 3	PC269		
Bifocals	Round, D25, D28, D35	Included	Included	<b>Frame Group 5</b>				Included	
Trifocals	7X25, 7X28, 8X35	Included	Included	7700	7702	Alpha	Beta	Gamma	
Double Segment	Plastic	\$ 32.00	NA	OG071	OG091	OG093			
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	\$ 22.00	\$ 22.00	<b>Frame Group 6</b>				\$ 3.20
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	\$ 37.00	\$ 37.00	7005	7006	7007	7402	
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	\$ 57.00	\$ 57.00	FC707	FC709	DP620	DP720	DP820
Progressive- Digital 1		Plastic or Poly	\$ 72.00	\$ 72.00	<b>Frame Group 7</b>				\$ 6.00
Progressive- Digital 2		Plastic or Poly	\$ 82.00	\$ 82.00	Steel 300	Steel 400	ZT200	OG101	
Progressive- Varilux Comfort		Plastic or Poly	\$ 97.00	\$ 97.00	<b>Frame Group 8</b>				Included
<b>Section 3 - Lens Coatings (Circle all required)</b>				<b>Frame Group 9</b>				\$ 15.50	
Tints	Solid	Gradient	1000	\$ 5.00	SWO9R	6005			
	Tint Color	Rose	Green	Gray	<b>Frame Group 10</b>				\$ 39.50
	Tint Level	1	2	3	7000	7001	7002	Rebel	
Anti-Reflective Coating			4101	\$ 25.00	TRX	Urban-6	EX281S	SW04	TR307S
Super Anti-Reflective Coating			4102	\$ 55.00	<b>Frame Group 11</b>				\$ 46.50
<b>Section 4 - Lens Options (Circle option)</b>				<b>Frame Group 11</b>					
Transitions				\$ 60.00	EXT2	EXT5			
Photo Chromatic Lens (Glass Only)				\$ 60.00	<b>Frame Group 11</b>				\$ 46.50
Polarized				\$ 35.00	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.

Section 5 - Frame Options (Circle option requested)				Self Pay	Eye Size	Bridge Size	Frame Color		
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.					Dispensing Fee				\$ 25.00

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	
				Visa	MC	Discover	Exp. ____/____
				CC #:			CVV Code _____ (3 digits on back)
				Billing address Zip Code: _____			

20.0-WI-WHS