

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



Order Date

Bill To: 2712	State Of Wisconsin	DDD	Patient Information			Ship To:
	National Wildlife Health Center		Name			
	608-270-2400					
	Attn: _____		Employee #	Dept	Phone #	
6006 Schroeder Rd						
Madison, WI 53711						

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				\$ 12.00	
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900	SP83		
Polycarbonate	High Impact	1		Frame Group 2				\$ 13.00	
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				\$ 18.70
Plano	Plastic, Glass or Poly		\$ 3.00	\$ 3.00	ZT100	F6000	FC704	FC705	
Single Vision	Plastic, Glass or Poly		\$ 10.00	\$ 10.00	Frame Group 4				\$ 23.50
Bifocals	Round, D25, D28, D35		\$ 15.00	\$ 15.00	DX670	D490	Classic 3	PC269	
Trifocals	7X25, 7X28, 8X35		\$ 17.00	\$ 18.00	Frame Group 5				\$ 20.00
Double Segment	Plastic		\$ 50.00	NA	7700	7702	Alpha	Beta	Gamma
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	\$ 40.00	\$ 40.00	OG071	OG091	OG093		
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	\$ 55.00	\$ 55.00	Frame Group 6				\$ 26.70
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	\$ 75.00	\$ 75.00		DP620	DP720	DP820	
Progressive- Digital 1		Plastic or Poly	\$ 90.00	\$ 90.00	FC707	FC709			
Progressive- Digital 2		Plastic or Poly	\$ 100.00	\$ 100.00	Frame Group 7				\$ 29.50
Progressive- Varilux Comfort		Plastic or Poly	\$ 115.00	\$ 115.00	Steel 300	Steel 400	ZT200	OG101	
Section 3 - Lens Coatings (Circle all required)			Self Pay		Frame Group 8				\$ 23.00
Tints	Solid	Gradient	1000	\$ 5.00	SWO9R	6005			
	Tint Color	Rose	Green	Gray	Frame Group 9				\$ 39.00
	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	Frame Group 10				\$ 63.00
Premium Scratch Coating			1103	\$ 25.00	EXT2	EXT5			
Section 4 - Lens Options (Circle option)			Self Pay		Frame Group 11				\$ 70.00
Transitions				\$ 60.00	EXT10	EXT13	EXT14		
Photo Chromatic Lens (Glass Only)				\$ 60.00					
Polarized				\$ 35.00					
Anti-Fog		anti-fog		\$ 40.00					
Section 5 - Frame Options (Circle option requested)			Self Pay		NOTES: Selection of items not on the order form are not allowed. Only items included in the contract will be supplied at contract prices.				
Permanent Side Shields			61-69	\$ 2.50	Eye Size	Bridge Size	Frame Color		
Detachable Side Shields			51-59	\$ 5.00					
Silicon Nose Pads			2023-N	Included	Dispensing Fee				\$ 25.00
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		
Printed Name		Visa	MC	Discover	Exp. ____/____
		CC #:	CVV Code _____ (3 digits on back)		Billing address Zip Code:
20.0-WI-Wildlife					