

BY HOYA

Order Date

<b>Bill To:</b> 152638	State of Wisconsin	<b>Patient Information</b>	<b>Ship To:</b>
University of Wisconsin - White Water Darla Keuler-Gehl 262-472-5545  500 North Freemont St., Room 105 White Water, WI 53190		<b>Name (REQUIRED):</b>	
		<b>Employee #:</b>	
		<b>Department:</b>	
		<b>Employee phone# (REQUIRED):</b>	

PO#: \_\_\_\_\_ REQ#: \_\_\_\_\_

**To Complete the Prescription Safety Glasses order form, please circle one or more items in each section below.**

Section 1 - Lens Material (Select one material)	Section 6 - Frame Options (Circle Frame Style)	Copay Amount												
<table style="width:100%;"> <tr> <td>Polycarbonate</td> <td>High Impact</td> <td><input type="checkbox"/></td> <td>INCLUDED</td> </tr> <tr> <td>Plastic</td> <td>CR-39</td> <td><input type="checkbox"/></td> <td>INCLUDED</td> </tr> <tr> <td>Glass</td> <td>High Impact</td> <td><input type="checkbox"/></td> <td>INCLUDED</td> </tr> </table>	Polycarbonate	High Impact	<input type="checkbox"/>	INCLUDED	Plastic	CR-39	<input type="checkbox"/>	INCLUDED	Glass	High Impact	<input type="checkbox"/>	INCLUDED	<b>Frames Group 1</b> Eagle F9800 F9900 SP83 <b>Frames Group 2</b> A2000 70F SC900 SC901	INCLUDED   INCLUDED
Polycarbonate	High Impact	<input type="checkbox"/>	INCLUDED											
Plastic	CR-39	<input type="checkbox"/>	INCLUDED											
Glass	High Impact	<input type="checkbox"/>	INCLUDED											

Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.

Section 2 - Lens Style (Select one style)	Section 6 - Frame Options (Circle Frame Style)	Copay Amount																		
<table style="width:100%;"> <tr> <td>Single Vision</td> <td><input type="checkbox"/></td> <td>INCLUDED</td> </tr> <tr> <td>Bifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INCLUDED</td> </tr> <tr> <td>Trifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>INCLUDED</td> </tr> <tr> <td>Progressive- SafeVision1</td> <td>Min.Seg.Ht.18 <input type="checkbox"/></td> <td>Plastic or Poly Only \$ 37.00</td> </tr> <tr> <td>Progressive- SafeVision2</td> <td>Min.Seg.Ht.18 <input type="checkbox"/></td> <td>Plastic or Poly Only \$ 57.00</td> </tr> <tr> <td>Progressive- SafeVision3</td> <td>Min.Seg.Ht.18 <input type="checkbox"/></td> <td>Plastic or Poly Only \$ 97.00</td> </tr> </table>	Single Vision	<input type="checkbox"/>	INCLUDED	Bifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/>	<input type="checkbox"/>	INCLUDED	Trifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/>	<input type="checkbox"/>	INCLUDED	Progressive- SafeVision1	Min.Seg.Ht.18 <input type="checkbox"/>	Plastic or Poly Only \$ 37.00	Progressive- SafeVision2	Min.Seg.Ht.18 <input type="checkbox"/>	Plastic or Poly Only \$ 57.00	Progressive- SafeVision3	Min.Seg.Ht.18 <input type="checkbox"/>	Plastic or Poly Only \$ 97.00	<b>Frames Group 3</b> ZT100 F6000 FC704 FC705 OG013 OG014 <b>Frames Group 4</b> DX670 D490 Classic 3 PC269 <b>Frames Group 5</b> WF679 7012 7013 7014 7700 7702 Alpha Beta Gamma OG071 OG091 OG093 WF678	INCLUDED           INCLUDED           INCLUDED
Single Vision	<input type="checkbox"/>	INCLUDED																		
Bifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/>	<input type="checkbox"/>	INCLUDED																		
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Section 3 - Lens Coatings (Select one options)	Section 6 - Frame Options (Circle Frame Style)	Copay Amount						
<table style="width:100%;"> <tr> <td>Anti-Reflective Coating - HiVision</td> <td><input type="checkbox"/></td> <td>\$ 25.00</td> </tr> <tr> <td>Super Anti-Reflective Coating - HiVision EX3</td> <td><input type="checkbox"/></td> <td>\$ 55.00</td> </tr> </table>	Anti-Reflective Coating - HiVision	<input type="checkbox"/>	\$ 25.00	Super Anti-Reflective Coating - HiVision EX3	<input type="checkbox"/>	\$ 55.00	<b>Frames Group 6</b> DP820 FC707 FC709 7005 7006 7007 7402 DP620 DP720 <b>Frames Group 7</b> 7008 7009 7015 OG101	\$ 1.70   \$ 4.50
Anti-Reflective Coating - HiVision	<input type="checkbox"/>	\$ 25.00						
Super Anti-Reflective Coating - HiVision EX3	<input type="checkbox"/>	\$ 55.00						

Section 4 Sunglass Options (Circle option)	Section 6 - Frame Options (Circle Frame Style)	Copay Amount															
<table style="width:100%;"> <tr> <td>Photochromic - Sensity</td> <td>Grey <input type="checkbox"/> Brown <input type="checkbox"/></td> <td>\$ 60.00</td> </tr> <tr> <td>Polarized</td> <td><input type="checkbox"/></td> <td>\$ 35.00</td> </tr> <tr> <td>Tints</td> <td>Solid <input type="checkbox"/> Gradient <input type="checkbox"/></td> <td>\$ 5.00</td> </tr> <tr> <td></td> <td>Tint Color Rose Green Gray</td> <td></td> </tr> <tr> <td></td> <td>Tint Level 1 - 2 - 3</td> <td></td> </tr> </table>	Photochromic - Sensity	Grey <input type="checkbox"/> Brown <input type="checkbox"/>	\$ 60.00	Polarized	<input type="checkbox"/>	\$ 35.00	Tints	Solid <input type="checkbox"/> Gradient <input type="checkbox"/>	\$ 5.00		Tint Color Rose Green Gray			Tint Level 1 - 2 - 3		<b>Frames Group 8</b> SW09R 6005 <b>Frames Group 9</b> 7000 7001 7002 Rebel TRX Urban 6 EX281S SW04 TR307S <b>Frames Group 10</b> EXT2 EXT5 OG076 OG099	\$ 14.00   \$ 38.00
Photochromic - Sensity	Grey <input type="checkbox"/> Brown <input type="checkbox"/>	\$ 60.00															
Polarized	<input type="checkbox"/>	\$ 35.00															
Tints	Solid <input type="checkbox"/> Gradient <input type="checkbox"/>	\$ 5.00															
	Tint Color Rose Green Gray																
	Tint Level 1 - 2 - 3																

Section 5 - Side Shield Options (Select one option)	Section 6 - Frame Options (Circle Frame Style)	Copay Amount			
<table style="width:100%;"> <tr> <td>Permanent Side Shields</td> <td><input type="checkbox"/></td> <td>REQUIRED</td> </tr> </table>	Permanent Side Shields	<input type="checkbox"/>	REQUIRED	<b>Frames Group 11</b> EXT10 EXT13 EXT14 OG109 OG110	\$ 45.00
Permanent Side Shields	<input type="checkbox"/>	REQUIRED			

**PERM Side Shields are required for all employees**	<b>Eye Size</b>	<b>Bridge Size</b>	<b>Frame Color</b>
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RX Prescription Information					IMPORTANT: Must have PD for ALL Rx's Seg. Height for ALL multifocals			
Sphere	Cylinder	Axis	Base	Add	Dist PD	Near PD	Seg Height	
Right OD								
Left OS								

Special Instructions on RX: Readers [ ]	<b>DISPENSING FEE INCLUDED</b>
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Purchase Authorized By	*Employee Portion Paid via Secure Credit Card ID# ONLY (NO LIVE CREDIT CARD#s ALLOWED)*
SIGNATURE & NAME	Secured Credit Card ID (SCCID) can be obtained: <a href="https://us.hoyasafety.com/GetToken/">https://us.hoyasafety.com/GetToken/</a>
PHONE	SCCID# : _____
Special Instructions:	Exp (mm/yy): _____ EMPLOYEE TOTAL AMOUNT: _____
*IF ITEMS NEEDED NOT LISTED PLEASE REACH OUT TO CUSTOMER CARE*	Email Address for receipts: _____