



3139 Christy Way South
Saginaw, MI. 48603
PHONE: 800-638-1171 FAX: 800-806-1663

Order Date _____ I-M-P

Bill To: 2638 State Of Wisconsin UW	Patent Information			Ship To: D
UW- White Water	Name			
Joseph Kolosso - 262-472-5545	Employee #	Dept	Phone #	
500 North Freemont Street Room 105	()			
White Water, WI 53190				

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			Frame Group 1					Included		
Plastic	Basic Impact Only			F4000	F5000	F9800	F9900				
Polycarbonate	High Impact			Frame Group 2					Included		
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.				A2000	Eagle	F6000					
Section 2 - Lens Style (Circle one style)				Plastic/Glass	Poly	Frame Group 3					Included
Plano	Plastic, Glass or Poly			Included	Included	FC704	ZT100	SC900	SC901		
Single Vision	Plastic, Glass or Poly			Included	Included	Frame Group 4					Included
Bifocals	Round, D25, D28, D35, Full Line			Included	Included	C470					
Trifocals	7X25, 7X28, 8X35, Full Line			Included	Included	Frame Group 5					Included
Double Segment	Plastic or Glass			\$ 15.50	NA	OG071P	OG091	OG092	OG093	OG094	
Progressives - Outlook	Poly			NA	\$ 15.00	Frame Group 6					Included
Progressives - Image	Plastic or Poly			\$ 35.00	\$ 35.00	DP720	DP810	FC707	FC709		
Progressives - Natural	Plastic, Glass or Poly			\$ 55.00	\$ 55.00	Frame Group 7					\$ 3.00
Progressives - Varilux Comfort	Plastic, Glass or Poly			\$ 90.00	\$ 90.00	OG101	PC264	Steel 300	Steel 400	Steel 500	
Progressives - Phsylo	Poly			NA	\$ 130.00	Frame Group 8					\$ 12.00
Styles are available in only those materials listed above.						EX275S	TR307S	SW04			
Section 3 - Lens Coatings (Circle all required)				Self Pay	Frame Group 9					\$ 33.00	
Tints	Solid	Gradient		\$ 5.00	DT-1	DT-2	DT-3	DT-4			
Tint Color	Rose	Green	Gray		Frame Group 10					\$ 40.00	
Tint Level	1	2	3		DTX100	DTX200	EXT10	Urban T-4	Urban T-5		
Anti-Reflective Coating				\$ 25.00	Eye Size						
Super Anti-Reflective				\$ 45.00	Bridge Size						
Section 4 - Lens Options (Circle option)				Self Pay	Frame Color						
Transitions				\$ 40.00							
Photo Chromatic (Glass only)				\$ 25.00							
Polarized				\$ 35.00							
Section 5 - Frame Options (Circle option requested)				Self Pay							
Permanent Side Shields	MUST HAVE			Included							
Silicon Nose Pads				\$ 1.50							
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: _____ Lenses Only [] RX Provider Signature: _____
 Frame Only [] RX Provider Phone: _____

Purchase Authorized By		Employee Credit Card Information			
Signature	Date	Signature	Date		
		Visa MC Discover	Exp. ____/____	CVV Code _____ (3 digits on back)	Billing address Zip Code: _____
4-WI-UW-WW		CC #:			