

3139 Christy Way South  
Saginaw, MI. 48603

PHONE: 989-799-9390 FAX: 989-799-3711



Order Date

Bill To: **2612**

State Of Wisconsin

UW

Patient Information

Ship To:

Payment Services 715-346-2052

UW - Stevens Point

UWSP Payment Services

2100 Main St., Room 041E

Stevens Point, WI 54481

Name

Employee #

Dept

Phone #

( )

UWSP Risk Management Dept

Melissa Diers-Sarasin

Old Main, Room 002C

2100 Main Street - UWSP

Stevens Point, WI 54481-3897

**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			<b>Frame Group 4</b>					Included			
Single Vision	Plastic, Glass or Poly	Included			DX670	D490	Classic 3	PC269					
Bifocals	Round, D25, D28, D35	Included			<b>Frame Group 5</b>					Included			
Trifocals	7X25, 7X28, 8X35	Included			7700	7702	Alpha	Beta	Gamma				
Double Segment	Plastic	Included		NA	OG071	OG091	OG093						
Progressive- Basic	Min.Seg.Ht.18	Plastic or Poly	Included	Included	<b>Frame Group 6</b>					Included			
Progressive- Image	Min.Seg.Ht.18	Plastic or Poly	Included	Included	7005	7006	7007	7402					
Progressive- Natural	Min.Seg.Ht.18	Plastic or Poly	\$ 20.00	\$ 20.00	DP620	DP720	DP820						
Progressive- Digital 1	Plastic or Poly	\$ 35.00	\$ 35.00		FC707	FC709							
Progressive- Digital 2	Plastic or Poly	\$ 45.00	\$ 45.00		<b>Frame Group 7</b>					Included			
Progressive- Varilux Comfort	Plastic, Poly	\$ 60.00	\$ 60.00		Steel 300	Steel 400	ZT200	OG101					
<b>Section 3 - Lens Coatings (Circle all required)</b>					<b>Frame Group 8</b>					Included			
Self Pay					SWO9R	6005							
Tints	Solid Gradient	1000	\$ 5.00		<b>Frame Group 9</b>					Included			
Tint Color	Rose Green Gray				7000	7001	7002	Rebel					
Tint Level	1 - 2 - 3				TRX	Urban-6	EX281S	SW04	TR307S				
Super Anti-Reflective Coating	4102	\$ 55.00			<b>Frame Group 10</b>					\$ 24.00			
					EXT2	EXT5							
<b>Section 4 - Lens Options (Circle option)</b>					<b>Frame Group 11</b>					\$ 31.00			
Self Pay					EXT10	EXT13	EXT14						
Transitions		\$ 60.00			NOTES: Selection of items not on the order form are not allowed.								
Photo Chromatic Lens (Glass Only)		\$ 60.00			Only items included in the contract will be supplied at contract prices.								
Polarized		\$ 35.00			<b>Eye Size</b>								
Overpower (Sphere power greater than +8.00 or -13.00)		\$ 80.00			<b>Bridge Size</b>								
<b>Section 5 - Frame Options (Circle option requested)</b>					<b>Frame Color</b>								
Self Pay													
Permanent Side Shields	61-69	Included											
Silicon Nose Pads	2023-N	Included											
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.					<b>EMPLOYEE GRAND TOTAL (For All Sections.)</b>					\$			
<b>RX Prescription Information</b>					<b>IMPORTANT: Must have PD for ALL Rx's</b>					<b>Seg. Height for ALL multifocals</b>			
	Sphere	Cylinder	Axis	Prism	Base		Add	Dist PD	Near PD		Seg Height		
Right OD													
Left OS													
Special Instructions:					Lenses Only [ ]					RX Provider Signature:			RX Date:
Readers [ ]					Frame Only [ ]					RX Provider Phone:			RX Expiration:
<b>Purchase Authorized By</b>					<b>Hi-Tech Optical will bill %100 to UW-Stevens Point</b>								
Signature					Date								
20.0-WI-UW-SP-Risk													