

Corporate: 397 TX-121, Lewisville, TX 75057
 Laboratory: 7000 Sunwood Dr. NW, Ramsey, MN 55303



Customer Care: 800.982.2828

BY HOYA

Bill To: 152638		State of Wisconsin		Patient Information				Order Date			
University of Wisconsin - White Water Darla Keuler-Gehl 262-472-5545 500 North Freemont St., Room 105 White Water, WI 53190				Name (REQUIRED):				Ship To:			
				Employee #:							
				Department:							
				Employee phone# (REQUIRED):							
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	
Polycarbonate High Impact <input type="checkbox"/>			<input type="checkbox"/>		Frames Group 1						
Plastic CR-39 <input type="checkbox"/>			<input type="checkbox"/>		Eagle F9800 F9900 SP83					INCLUDED	
Glass High Impact <input type="checkbox"/>			<input type="checkbox"/>		Frames Group 2						
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses.					A2000 70F SC900 SC901					INCLUDED	
Section 2 - Lens Style (Select one style)					Frames Group 3						
Single Vision			<input type="checkbox"/>		ZT100 F6000 FC704 FC705 OG013 OG014					INCLUDED	
Bifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/>			<input type="checkbox"/>		Frames Group 4						
Trifocals 28 <input type="checkbox"/> 35 <input type="checkbox"/>			<input type="checkbox"/>		DX670 D490 Classic 3 PC269					INCLUDED	
Progressive- SafeVision1 Min.Seg.Ht.18 <input type="checkbox"/>			Plastic or Poly Only \$ 37.00		Frames Group 5 WF679						
Progressive- SafeVision2 Min.Seg.Ht.18 <input type="checkbox"/>			Plastic or Poly Only \$ 57.00		7012 7013 7014 7700 7702 Alpha					INCLUDED	
Progressive- SafeVision3 Min.Seg.Ht.18 <input type="checkbox"/>			Plastic or Poly Only \$ 97.00		Beta Gamma OG071 OG091 OG093 WF678						
Section 3 - Lens Coatings (Select one options)					Frames Group 6						
Anti-Reflective Coating - HiVision <input type="checkbox"/>			\$ 25.00		DP820 FC707 FC709						
Super Anti-Reflective Coating - HiVision EX3 <input type="checkbox"/>			\$ 55.00		7005 7006 7007 7402 DP620 DP720 \$ 1.70						
Section 4 Sunglass Options (Circle option)					Frames Group 7						
Photochromic - Sensity Grey Brown <input type="checkbox"/>			\$ 60.00		7008 7009 7015 OG101						
Polarized <input type="checkbox"/>			\$ 35.00		Steel 300 Steel 400 ZT200 DP610					\$ 4.50	
Tints Solid Gradient <input type="checkbox"/>			\$ 5.00		Frames Group 8						
Tint Color Rose Green Gray					SW09R 6005					INCLUDED	
Tint Level 1 - 2 - 3					Frames Group 9						
Section 5 - Side Shield Options (Select one option)					Frames Group 10						
Permanent Side Shields <input type="checkbox"/>			REQUIRED		7000 7001 7002 Rebel						
					TRX Urban 6 EX281S SW04 TR307S \$ 14.00						
					Frames Group 11						
					EXT2 EXT5 OG076 OG099 \$ 38.00						
					EXT10 EXT13 EXT14						
					OG109 OG110 \$ 45.00						
					Eye Size		Bridge Size		Frame Color		
PERM Side Shields are required for all employees											
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 []								DISPENSING FEE INCLUDED			
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: https://us.hoyasafety.com/GetToken/						
PHONE											
Special Instructions:					SCCID# : _____						
					Exp (mm/yy): _____ EMPLOYEE TOTAL AMOUNT: _____						
IF ITEMS NEEDED NOT LISTED PLEASE REACH OUT TO CUSTOMER CARE					Email Address for receipts:						