

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



Order Date \_\_\_\_\_ I-E

Bill To: **2698**

State Of Wisconsin | MUNI

Patient Information

Ship To: \_\_\_\_\_

Marathon County  
 Mary Jo Maly 715-261-1181  
 maryjo.maly@co.marathon.wi.us  
 500 Forest St.  
 Wausau, WI 54403

Name \_\_\_\_\_  
 Employee # \_\_\_\_\_ Dept \_\_\_\_\_ Phone # \_\_\_\_\_  
 ( ) \_\_\_\_\_

\_\_\_\_\_

**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)			
Glass	Basic Impact Only	03		<b>Frame Group 1</b>			\$ 9.46
Plastic	Basic Impact Only	00 - 21		Eagle	F9800	F9900 SP83	
Polycarbonate	High Impact	1		<b>Frame Group 2</b>			\$ 9.46
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)				Section 3 - Lens Coatings (Circle all required)			
Plano	Plastic, Glass or Poly	\$ 3.00	\$ 3.00	Tints	Solid	Gradient	1000 \$ 5.00
Single Vision	Plastic, Glass or Poly	\$ 8.00	\$ 13.00	Tint Color	Rose	Green	Gray
Bifocals	Round, D25, D28, D35, Full Line	\$ 14.00	\$ 17.00	Tint Level	1 - 2 - 3		
Trifocals	7X25, 7X28, 8X35, Full Line	\$ 17.00	\$ 18.00	Anti-Reflective Coating	4101	\$ 28.00	
Double Segment	Plastic	\$ 50.00	NA	Super Anti-Reflective Coating	4102	\$ 55.00	
Progressive- Outlook	Min.Seg.Ht.18 Plastic or Poly	\$ 40.00	\$ 40.00	Styles are available only in those materials listed above.			
Progressive- Image	Min.Seg.Ht.18 Plastic or Poly	\$ 55.00	\$ 55.00				
Progressive- Natural	Min.Seg.Ht.18 Plastic or Poly	\$ 75.00	\$ 75.00				
Progressive- Ideal	Plastic or Poly	\$ 100.00	\$ 100.00				
Progressive- LifeScape	Plastic or Poly	\$ 138.00	\$ 138.00				

Section 4 - Lens Options (Circle option)				Section 5 - Frame Options (Circle option requested)			
Transitions		\$ 40.00		Permanent Side Shields	61-69	\$ 5.00	
Photo Chromatic Lens (Glass Only)		\$ 40.00		Detachable Side Shields	51-59	\$ 2.50	
Polarized		\$ 35.00		Silicon Nose Pads	2023-N	Included	
				Side Shields are required for all employees. Circle the style picked.			

NOTES: Selection of items not on the order form are not allowed.  
 Only items included in the contract will be supplied at contract prices.

Eye Size	Bridge Size	Frame Color	Dispensing Fee
			\$ 25.00

The employee is responsible for any amount over \$100. Add the cost of all selected items in sections 1 through 6. Employee will need to pay the amount over \$100 with credit card or check (payment to Hi-Tech Optical) at the time of order. Fill out the credit card information below.		<b>Total (For all sections)</b>	Line A	\$
		<b>Company Pays Up to \$100.00 Maximum</b>	Line B	\$ (100.00)
		Employee Amount Due (ATO)	Line A-B	

RX Prescription Information						IMPORTANT: Must have PD for ALL Rx's					
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: \_\_\_\_\_

Employee Credit Card Information	
Signature _____	Date _____
Visa MC Discover Exp. ____/____ CVV Code _____ (3 digits on back)	Billing address Zip Code: _____
CC #: _____	

11.2-WI-Muni-Marathon