



Bill To: 152616	State of Wisconsin	DDD	Patient Information	Order Date
City of Milwaukee Department of Employee Relations Attn: A/P, City Hall, Room 706 200 E. Wells St Milwaukee, WI 53202			Name Employee # Department Employee phone# (Required)	Ship To:

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)				Included	Section 6 - Frame Options (Circle Frame Style)	Coplay Amount
Polycarbonate	High Impact	<input type="checkbox"/>			Frame Group 1	
Plastic	Basic Impact	<input type="checkbox"/>		Included	Eagle F9800 F9900 SP83	Included
Glass	Basic Impact	<input type="checkbox"/>		Included	Frame 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)				Coplay Amount		
Plano		<input type="checkbox"/>		Included	Frame Group 3	
Single Vision		<input type="checkbox"/>		\$ -	ZT100 F6000 OG013 OG014 FC704 FC705	Included
Bifocals	28 <input type="checkbox"/> 35 <input type="checkbox"/>			\$ -	Frame Group 4	
Trifocals	28 <input type="checkbox"/> 35 <input type="checkbox"/>			\$ -	DX670 D490 Classic 3 PC269	Included
Progressive- SafeVision1	Min.Seg.Ht.18 <input type="checkbox"/>			\$ -	Frame Group 5	
Progressive- SafeVision2	Min.Seg.Ht.18 <input type="checkbox"/>			\$ 20.00	7012 7013 7014	
Progressive- SafeVision3	Min.Seg.Ht.18 <input type="checkbox"/>			\$ 45.00	7700 7702 Alpha Beta Gamma	Included
Section 3 - Lens Coatings (Select one options)				Coplay Amount		
Anti-Reflective Coating - HiVision		<input type="checkbox"/>		Included	Frame Group 6	
Super Anti-Reflective Coating - HiVision EX3		<input type="checkbox"/>		\$ 55.00	7005 7006 7007	
Premium Scratch Coat - Clarity Shield		<input type="checkbox"/>		\$ 25.00	DP620 DP720 DP820 FC707 FC709	Included
Section 4 Sunglass Options (Circle option)				Coplay Amount		
Photochromic - Sensity	Grey Brown	<input type="checkbox"/>		\$ 60.00	Frame Group 7	
Tints	Solid Gradient	<input type="checkbox"/>		Included	7008 7009 7015	
	Tint Color Rose Green Gray	<input type="checkbox"/>			Steel 300 Steel 400 ZT200 OG101 DP610	\$ 2.80
	Tint Level 1 - 2 - 3	<input type="checkbox"/>			Frame Group 8	
		<input type="checkbox"/>			SW09R 6055	Included
Section 5 - Side Shield Options (Select one option)				Coplay Amount		
Permanent Side Shields		<input type="checkbox"/>		Included	Frame Group 9	
Detachable Side Shields		<input type="checkbox"/>		Included	7000 7001 7002	
Side Shields are required for all employees Circle the style picked.					Rebel TRX Urban 6 EX281S SW04 TR307S	\$ 12.30
					Frame Group 10	
					EXT2 EXT5 OG076 OG099	\$ 36.30
					Frame Group 11	
					EXT10 EXT13 EXT14 OG109 OG110	\$ 43.30

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 [] Doctor/Optician: _____ Phone/Fax: _____

Purchase Authorized By	*Employee Portion Paid via Secure Credit Card ID# ONLY (NO LIVE CREDIT CARD#s ALLOWED)*
Signature _____	Secured Credit Card ID (SCCID) can be obtained: https://us.hoyasafety.com/GetToken/
Date _____	SCCID# : _____
Supervisor Printed Name _____	Exp (mm/yy): _____ Amount: _____
Supervisor Phone _____	Email Address for receipts: _____ Tax Exempt
Requires approval signature of Nilsa Rosado-Jurkiewicz	