

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



Bill To: 2616	State Of Wisconsin DDD		Patient Information			Order Date
	City of Milwaukee		Name			Ship To:
	Department of Employee Relations					
	Attn: A/P, City Hall, Room 706		Employee #	Dept	Phone #	
	200 E. Wells St Milwaukee, WI 53202				()	

MUST HAVE NILSA ROSADO-JURKIEWICZ'S SIGNATURE BEFORE THE JOB CAN GET STARTED

Section 1 - Lens Material (Circle one material)			Self Pay		Section 6 - Frame Options (Circle Frame Style)				Self Pay
Glass	Basic Impact Only	03			Frame Group 1				Included
Plastic	Basic Impact Only	00 - 21			Eagle	F9800	F9900	SP83	
Polycarbonate	High Impact	1			Frame Group 2				Included
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)		Plastic/Glass	Poly
Plano	Plastic, Glass or Poly	Included	Included
Single Vision	Plastic, Glass or Poly	Included	Included
Bifocals	Round, D25, D28, D35, Full Line	Included	Included
Trifocals	7X25, 7X28, 8X35, Full Line	Included	Included
Double Segment	Plastic or Glass	Included	NA
Progressive- Outlook	Min.Seg.Ht.18 Plastic or Poly	Included	Included
Progressive- Image	Min.Seg.Ht.18 Plastic or Poly	Included	Included
Progressive- Natural	Min.Seg.Ht.18 Plastic or Poly	\$ 20.00	\$ 20.00
Progressive- Ideal	Plastic or Poly	\$ 45.00	\$ 45.00
Progressive- LifeScape	Plastic or Poly	\$ 83.00	\$ 83.00
Styles are available only in those materials listed above.			

Frame Group 3						Included
ZT100	ZT300	F6000	FC704	FC705		
Frame Group 4						Included
DX670	D490	Classic 3	PC269			
Frame Group 5						Included
7702	Alpha	Beta	Gamma	OG071	OG071P	
OG091	OG092	OG093	OG094			
Frame Group 6						Included
650	DP620	DP720	DP810	DP820	5000	
FC707	FC709					
Frame Group 7						\$ 2.50
Steel 400	ZT200	OG101	PC250A	PC264		
Frame Group 8						Included
SW09	SW09R					
Frame Group 9						\$ 13.00
TRX	Urban-6	EX275S	EX281S	SW04	TR307S	
Frame Group 10						\$ 31.00
EXT5	EXT8	DT-2	EXT2	EXT4		
Frame Group 11						\$ 36.00
DT-3	Urban T-5	EXT6	EXT10	EXT12	EXT13	
EXT14						

Section 3 - Lens Coatings (Circle all required)			Self Pay	
Tints	Solid	Gradient	1000	Included
	Tint Color	Rose Green Gray		
	Tint Level	1 - 2 - 3		
Anti-Reflective Coating			4101	Included
Super Anti-Reflective Coating			4102	\$ 55.00
Premium Scratch Coating			1103	\$ 25.00

Section 4 - Lens Options (Circle option)		Self Pay	
Transitions		\$ 40.00	
Photo Chromatic Lens (Glass Only)		\$ 40.00	

Section 5 - Frame Options (Circle option requested)		Self Pay	
Permanent Side Shields		61-69	Included
Detachable Side Shields		51-59	Included
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, including frames other than those listed above, will delay order for a minimum of 5 days. Frames underlined are subject to being discontinued and may not be available.

Eye Size	Bridge Size	Frame Color	
Dispensing Fee			Included

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.)		\$
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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:	RX Date:
Readers []	Frame Only []	RX Provider Phone:	RX Expiration:

Supervisor Authorization				Employee Credit Card Information				
Signature	Date			Signature	Date			
Purchase Authorized By (Required. Must be Nilsa Rosado-Jurkiewicz)				Visa	MC	Discover	Exp. ____/____	CVV Code _____ (3 digits on back)
Signature	Date			CC #:	Billing address Zip Code:			
10.0-WI-COM				PL=XXX CPL=XXX				