



Prescription Eyewear Order Form

SafeVision

Corp: 397 TX-121, Lewisville, TX 75057
Lab: 7000 Sunwood Dr. NW, Ramsey, MN 55303
Customer Care (P): 800-982-2828
Fax Completed Orders (F): 800-945-2828
www.safevision.com

Frame Options	Co-Pay Amount
A2000, F6000.....	14.25
Eagle, Delta.....	14.56
F9800, F9900, OG014.....	15.50
H9, Alpha-SV.....	19.24
650, D490, Gamma, DP600, OG080.....	21.84
OG102, OG019, DP720.....	26.73
Steel 300, OG112.....	27.04
Classic 3.....	30.68
Steel 400, DP620.....	33.80
DP610, Attitude 6.....	37.44
SG403T.....	64.48

*Required Fields

Bill To: **152997**

Order Date
(MM/DD/YY)

Eligibility #

*Employee
Last Name

*Employee
First Name

Employee #

Employee
Phone

Bill-To: Account #: **152997**
Iowa State University
108 General Services Building
700 Wallace Road
Ames, Iowa 50011

Ship-To:

Lens Style	Co-Pay Amount
Plano.....	15.60
Single Vision.....	15.60
Bi-Focal D-28.....	18.72
Tri-Focal 7X28.....	18.72
SafeVision1 Progressive.....	45.76
SafeVision2 Progressive.....	67.60
Occupational (plastic only).....	46.80
Double Segments (D-28).....	41.60

Lens Material	Co-Pay Amount
Polycarbonate (SV/MF).....	00.00
Plastic.....	00.00

Lens Options	Co-Pay Amount
Photochromic/Transitions.....	52.00
Polarized.....	41.60

Tints & Coatings	Co-Pay Amount
Tint (Solid or Gradient).....	4.16
UV Coat (plastic).....	4.16
UV Coat (poly).....	0.00
Standard AR Coat.....	20.80
Premium Scratch Coat.....	20.80

Other Options	Co-Pay Amount
Repair Parts.....	7.80
Goggles (clear).....	8.32
Goggles Anti-Fog (clear).....	15.60
Silicon Nose Pads.....	0.62

Side Shields	Co-Pay Amount
Permanent.....	4.16
Clip-On.....	2.08

Dispensing	Co-Pay Amount
Dispensing Fee.....	26.00
Glasses Case.....	0.00

Total \$ _____
(less) COMPANY CAP -- **\$ 90.00**

Employee Total Due \$ _____

Supervisor Contact
Phone _____

Signature _____

Lenses Only Complete Pair Patient's Own Frame Frame Only

Frame Style	Eye	Bridge	Color	Temple

Polycarbonate Plastic CR-39

Side Shields: Permanent Clip-On

Single Vision Tri-Focal 7X28 Double D-28
 Bi-Focal D-28 Occupational Progressive _____

CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

Clear Polarized UV-Coat
 Premium Scratch Coat Tint _____
 Transitions (Photochromic) Standard AR Coat

Prescription		Sphere	Cylinder	Axis	Prism	Base
	Right OD					
	Left OS					
		Add Power	Seg. Height	Distance PD	Near PD	
	Right OD					
Left OS						

Employee Portion Paid via Secure Credit Card ID# ONLY (NO LIVE CREDIT CARD#s ALLOWED)
Secured Credit Card ID (SCCID) can be obtained: <https://us.hoyasafety.com/GetToken/>

SCCID #	Expiration Date (MM/YY)	Total Amount

Signature:

Doctor/Optician:
Phone _____ Fax _____
Signature _____