



Please Fax **ENTIRE** Form To:  
**800-553-1730** or [essilorpsedataentry@essilorusa.com](mailto:essilorpsedataentry@essilorusa.com)  
**Twin City Optical - Minneapolis, MN**

**INDUSTRIAL PRESCRIPTION** Price List - Group 68  
 Bill Company in Full

Effective Date - 7/14/14  
 Revision Date - 04/4/18

Account#: **37614** Date: \_\_\_\_\_

Name: \_\_\_\_\_

ID# (REQUIRED): \_\_\_\_\_

	Sphere	Cylinder	Axis	Prescribed Prism			Lens Options
				In	Out	Up Down	
R							<b>Lens Materials</b> Polycarbonate Required
L							
	Add	Height		Dist - PD -Near			<b>Coatings</b> TD2® Coating TD2® w/ OptiFog™ Sharpview™ Crizal® w/ OptiFog™ Crizal® Easy UV™ Crizal® Alize UV™ Crizal® Avance UV™ Crizal® Sapphire UV™ Crizal® Sunshield UV™ Crizal® Sunshield UV™ Mirror
R							
L							
	Base Curve	OC Height	<b>Bifocals</b> (Please Indicate Style)				<b>Tints/Photochromics</b>  <b>Items NOT Allowed</b>
R							
L			<b>Trifocals</b> (Please Indicate Style)				<b>For Lab Use Only</b>  <b>Ship to:</b> _____ <b>Bill to:</b> <b>37614</b>
Circle One	Supply Frame to Follow	Frame Enclosed Lenses Only	<b>Progressives</b> (Please Indicate Style)				
<b>Frame Name</b>							
<b>Frame Color</b>							
Eye Size	Bridge	Tpl Lngth	Sideshields				

**Special Instructions**

Ask your eyecare professional about:



Acct#: \_\_\_\_\_ Office Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_

## State of Iowa - EMPLOYEE PAY 100%

If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-245-5859.

Frame Options	Allowed	
<b>Master Agreement 4760-14 only allows these frames.</b>	F9800	C470
	F9900	C650
	F4000	DP720
	F6000	TR301
	FC704	TR303
	FC705	TR307
	FC707	TR309
	FC709	TR310
	SC910	TR311S
	PC266	70F
PC269	EAGLE	EXT10
PC250A / PC250SWA	STEALTH GOGGLE	EXT2
Lens Styles	Allowed	Not Allowed
Single Vision	<input type="checkbox"/>	<input type="checkbox"/>
Bifocal/Trifocal	<input type="checkbox"/>	<input type="checkbox"/>
Progressive 1	<input type="checkbox"/>	<input type="checkbox"/>
Progressive 2	<input type="checkbox"/>	<input type="checkbox"/>
Progressive 3	<input type="checkbox"/>	<input type="checkbox"/>
Progressive 4	<input type="checkbox"/>	<input type="checkbox"/>
Lens Material	Allowed	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coatings	Allowed	Not Allowed
TD2® Coating	<input type="checkbox"/>	<input type="checkbox"/>
TD2® w/ OptiFog™	<input type="checkbox"/>	<input type="checkbox"/>
Sharpview™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® w/OptiFog™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® Easy UV™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® Alize UV™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® Avance UV™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® Sapphire UV™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® Sunshield UV™	<input type="checkbox"/>	<input type="checkbox"/>
Crizal® Sunshield UV™ Mirror	<input type="checkbox"/>	<input type="checkbox"/>
Lens Color	Allowed	Not Allowed
Solid Tint	<input type="checkbox"/>	<input type="checkbox"/>
Gradient Tint	<input type="checkbox"/>	<input type="checkbox"/>
Transitions® VII	<input type="checkbox"/>	<input type="checkbox"/>
Polarized	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	Allowed	Not Allowed
Permanent Sideshields	<input type="checkbox"/>	<input type="checkbox"/>
Detachable Sideshields	<input type="checkbox"/>	<input type="checkbox"/>
Dispensing Fee \$20	<input type="checkbox"/>	<input type="checkbox"/>

**Instructions**  
 \* Current Prescription (within 2 yrs.) required.  
 \* Eyecare provider must order, dispense & fit glasses.

**Special Instructions**  
 \* Employee will pay 100% of the cost of safety glasses via personal credit card.  
 \* **A COMPLETED CREDIT CARD FORM MUST BE FAXED WITH THIS ORDER TO THE LAB. EYEWEAR WILL NOT BE PROCESSED WITHOUT IT.**

**Lens Material Note**  
 \* Polycarbonate lenses are required for the best protection.  
 \* **Note: Standard plastic and glass lenses are "Non Impact Rated" protection only and do not meet the "High Impact Rated" requirements of ANSI Z87.1-2010.**

**Ordering/Shipping**  
 \* Essilor will bill employee for the \$20 dispensing fee & reimburse the eyecare provider.  
 \* Eyecare provider will order glasses and will receive completed glasses.

Company Authorization:

Safety glasses must meet ANSI Z87.1-2010 standards.



Office Name	Phone	Address	City	State	Zip
Vision Care Specialist of Council Bluffs	712-322-3097	1505 West Broadway #3-5	Council Bluffs	IA	51501
Ames Eye Clinic	515-232-3451	201 10th Street	Ames	IA	50010
McFarland Clinic	515-382-4626	1014 6th Street	Nevada	IA	50201
McFarland Clinic	515-663-4833	3600 Lincoln Way	Ames	IA	50014
McFarland Clinic	515-239-4460	1128 Duff Avenue	Ames	IA	50010
Eye Care Center of Newton	641-792-7900	100 N 4th Avenue W	Newton	IA	50208
Slade Eyewear Emporium	563-583-4119	806 Wacker Drive Ste 102	Dubuque	IA	52002
Eyedeal Optical	563-557-0995	1950 JFK Road	Dubuque	IA	52002
Midwest Optometric Association	563-875-8123	420 1st Avenue E	Dyersville	IA	52040
Wolfe Clinic Eye Centers, LLC	515-832-2401	701 Division Street	Webster City	IA	50677
Korver Eyecare	712-276-2323	3535 Southern Hills Drive	Sioux City	IA	51106



