Hi-Tech

3139 Christy Way South Saginaw, Ml. 48603 Phone 800-638-1171

Order Date

Optical, inc			06-1663 EMA		li-TechOptica	ıl.com									I-E-EOM
							Patient Information				Ship To:		432		D
Acumer			ions Camc	ar LLC.	Name	ame					Dr. David Meritt				
Pat Semtner 931-946-2291							DI #				Tabatha, Manager				
psemtner@acument.com ID #							Phone #				931-836-2424				
502 Industrial Dr. Spencer, TN 38585								130 S. Main Street () Sparta, TN 38583							
									()						
			lete the		tion Saf		ses orde	r form, p						ction bel	
Sect	ion 1 - Lens	Material (Ci	rcle one mate	erial)		Self Pay	1			Section 6 - F	rames (Circle	Frame Styl	e)		Self Pay
								Frame C	roup A -						
										Titmus:	SW06				Included
Polycar	bonate	High Impact	- 2.0 mm	1	Preferred M	aterial									
										3M:	ZT200				Included
Dı	thy to Warn: Dal	vearbanata is tha	most impact resis	tant material & r	ocommonded for	all cafaty alacca				SIVI.	21200				IIIciuueu
			rcle one style		ecommended for	an salety glasse	Poly								
	COLIOII E	cris otyre (or	Tota one style	·)			1 Oly								
Single Vision	on		Glass P	lastic or Poly			\$ -								
Bifocals	D28 Only			lastic or Poly			\$ -								
Trifocals	7X28 Only			lastic or Poly			\$ -								
	<u> </u>														
Progressiv	e-Standard	Min.Seg.Ht.	.18 Glass, P	lastic or Poly			\$ -								
	-														
Styles are	availahla in	only those ma	terials listed a	hove											
Otyles are	avallable III	orlly those tha	iteriais listed a	bove.											
								NOTES:	Employee	es can only	choose fro	-	ons that are	e listed on	this order
												form.			
															ı
								Eve Size	Bridge Size	Frame Co	lor				
								,							
									Section	7 - Frame C	Options (Circ	le option red	quested)		•
								Integrated Side Shields							Included
								Side Shiel	lds are require	ed for all emp	oloyees.				
									Eyeglasses Case 5001, 5002, 500						Included
									Dispensing Fee 200 Shipping Fee 200						\$ - Included
									Shipping Fee	,				2000	Included
			r Doctor Erro ı, Bi-Focal or												
. oune uic			t (one time or				0 91 000 1 1 6								
		RX Prescription	on Informatio	n		Sea Ho	ight for ALL m	ultifocale	Must b	ave PD		Vertex	Pantoscopic	Wrap	
	Sphere	Cylinder	Axis	Prism	Base	oog. He	Add	Seg Height		nce PD		Distance	Tilt	Angle	
Right														, ,	
OD		<u> </u>													
Left									Nea	r PD I					
OS Special Inst	ructions:	<u> </u>	<u> </u>				<u> </u>	BY Provider	Signatura		<u> </u>		RX Date:		
Special Instructions: Lenses Only [RX Provider Signature: RX Date:							
Readers []				Fra	ame Only	[]	RX Provider Phone: RX Expiration:							
		Purch	nase Authoriz	ed Bv		•		Employee Credit Card Information							
Purchase Authorized By															
Signature Date															
L				_											
Title	4 Cm				15500										
3.6 - Acumen	ιτ-Spencer				I-E-EOM										





PRESCRIPTION SAFETY EYEGLASS PROCEDURE

Dear Employees,

- 1. Pick up your safety prescription order form and have it signed by your supervisor or manager.
- 2. If you do not have a current eye prescription, please call the provider for an eye exam appointment.
 - ** Eye exams are responsibility of employee.
- 3. Take the Dispenser's Instruction Letter, Order Form, and your prescription to the provider listed below. (Fill out top of form with name, ID#, phone, etc.)
- 4. Pick out frames. Dispenser will fill out the remainder of the order form and send it to Hi-Tech Optical.
- 5. Once Hi-Tech has manufactured your glasses, they will send them back to the provider, where you will pick them up and get a professional fitting.

Provider Information:

Dr. David Meritt 130 S. Main Street Sparta, TN 38583 Phone: (931) 836-2424

Hours:

Monday-Friday: 8:00 am to 5:00 pm

Program Includes:

- Polycarbonate Lens Material
- Single Vision
- Bifocals D-28
- Trifocals 7x28
- Progressive (Hi-Tech Choice)
- Any Prescription Power
- Any Prism
- Any Multifocal Prescription Add Power
- Select Frames
- Eyeglass Case
- Shipping (First Class Mail)

(Please see order form for complete list of available options.)

Acument Global Technologies will provide the Basic Hi-Tech Package of lenses and frames at no cost to the employee. An employee can only choose from the options that are listed on the order form.

Any questions please call Customer Service at Hi-Tech Optical: 1-800-638-1171 or Fax: 1-800-806-1663.



PRESCRIPTION SAFETY EYEGLASS PROCEDURE

December 12, 2014

Optician Staff of Dr. Meritt,

To be in compliance with State and Federal Laws, this employee is required to wear Safety Glasses. All examination fees will be the responsibility of the employee.

We ask your cooperation in completely filling out the attached prescription form including pupillary distance, multifocal style, height, color of lenses, and all frame information.

There was previously a shipment made to your company of sample frames which are included in this safety eyewear program designed by our supplier, Hi-Tech Optical Inc., specifically for Acument Global Technologies. Please call Hi-Tech customer support if you have any questions.

Basic Program Items Included:

<u>Lens Styles:</u> <u>Lens Materials:</u> Polycarbonate Single Vision Any Prescription, Any Prism

Bifocals D-28 Case Trifocals 7x28 Shipping

Progressive (Hi-Tech Choice)

Frames:

Please see order form and sample frames for selection of styles allowed.

Package Price: Acument Global Technologies will provide the Basic Hi-Tech Package of lenses and frames at no cost to the employee. An employee can only choose from the options that are listed on the order form.

After you have finished your examination and filled out the prescription form completely, please return the form by fax or email. When you receive the glasses back, please notify the patient to come to your office and have them professionally fitted. **Thank you.**

For additional questions, please contact:
Hi-Tech Optical Inc., Customer Service
3139 Christy Way South, Saginaw, Michigan 48603
Phone: 800-638-1171 or 989-799-9390
Fax: 989-799-3711 email: orders@hi-techoptical.com

www.hi-techoptical.com