3139 Christy Way South Saginaw, MI. 48603 Phone 800-638-1171 FAX:800-806-1663 EMAIL:Orders@Hi-TechOptical.com								Order Date							
	2835	FAX:800-80		AIL:Orders@H CPL-N/A	li-TechOptica	ll.com	Patient In	formation			Ship To:				I-E-EOM
Acument-Holly Distribution Center Name											On-Site Dispenser				
Wes Futch (586) 997-5696											David Asher				
wfutch@acument.com ID #							Phone #				Ship To: Plant				
4160 E. Baldwin Road											4160 E. Baldwin Road				
Holly, MI 48442									( )		Holly, MI 48442				
								s order form, please circle one or more items in each sectio						ction bel	
Section 1 - Lens Material (Circle one material) Self Pay							r –	Section 6 - Frames (Circle Frame Style)							Self Pay
								Frame C	Frame Group A - Titmus: SW06						Included
Polycarbonate High Impact - 2.0 mm 1 Preferred Material														Included	
								<b>3M:</b> ZT200							Included
Duty to Warn: Polycarbonate is the most impact resistant material & recommended for all safety glasses															
S	Section 2 - L	ens Style (Ci	rcle one styl	e)	1	1	Poly								
Cinala Viai				Dalu			\$-								
Single Visi Bifocals	D28 Only			Poly Poly			\$ - \$ -								
Trifocals	7X28 Only			Poly			\$-								
	,			. ,			,								
Progressiv	e-Standard	Min.Seg.Ht.	18	Poly			\$-								
Styles are	available in	only those ma	toriale listod	abovo		-									-
Styles are		only those that		above.											
								NOTES:	Employee	es can only	v choose fro	-	ons that are	e listed on	this order
												form.			
															[
								Eve Size	Bridge Size	Frame Co	lor				
								,	- <b>J</b>						
								Section 7 - Frame Options (Circle option requested)							
								Integrated Side Shields							Included
								Side Shields are required for all employees.							
								Eyeglasses Case 5001, 5002, 500							Included
								Dispensing Fee 5001, 500					2035		
								Shipping Fee					2000		
Progres	sive Lens (N	Non-Adapt) oi	r Doctor Erro	or Warranty.	No Refunds	Hi-Tech Or	otical will								
		Single Vision													
	at e	mployee cost	t (one time o	nly) if notifie	d within 60 d	lays.									
	F	RX Prescriptio	on Informati	on		Seg. He	ight for ALL n	nultifocals	Must h	ave PD		Vertex	Pantoscopic	Wrap	
	Sphere	Cylinder	Axis	Prism	Base		Add	Seg Height	Distan	ice PD		Distance	Tilt	Angle	
Right															
OD Left									Near	r PD					
OS									nea						
								RX Provider Signature: RX Date:						1	
														-	
Readers [ ] Frame Only [								RX Provider	Phone:				RX Expiratio	n:	
		Purch	ase Authori	zed By				·					·		
Signature Date															
Title															
	nt-Holly Distr	ibution Center			I-E-EOM										

12/30/2014 9:07 AM

December 23, 2014





## 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 acquire an eye exam appointment before meeting with the dispenser.

\*\* Eye exams are responsibility of employee.

- Take the Order Form and your prescription to the dispenser. (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 return them to the plant, where you will pick them up.

## **Provider Information:**

David Asher (On-Site Dispenser)

Limited availability at the Holly Distribution Center Location (Contact Wes Futch for details.)

## **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
- Integrated Side Shields
- 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.