



3139 Christy Way
Saginaw, MI. 48603
PH 800-638-1171 FAX 800-806-1663

Account Number: 2362

Date

Company75256111				Employee Information				Provider # 907			
JDSU				Name				Germantown Vision Care Center			
One Milestone Center Court				Dep#				13010 Middlebrook Rd			
Germantown, Md 20876				Employee #				Germantown, Md 20874			
								301-540-1555 Please call for an appointment			
SEC I. Lens Choice		Company Pays	Payroll Deduct	employee pays upgrade	Not Allowed	SEC II. Services & Lens upgrade Options		Company Pays	Payroll Deduct	employee pays upgrade	Not Allowed
Single Vision		X				Dispensing Fee		X			
Bifocal		X				Anti-Reflective Coating				\$35.00	
Trifocal		X				OutdoorTint 2 + 3					X
computer glasses		X				Access Computer Lenses		X			
Outlook premium Progressive		X				rimless grove				\$10.00	
SEC III.- Frame Choice		company paid	payroll deduct	upgrade	Not Allowed	Hi-Index 3.0mm basic impact					X
Standard Collection		X				Transitions		X			
						Trivex				\$40.00	
Group # 1 Baseline		X				Polaroid					X
						Zeiss-Varilux -etc.				\$75.00	
Group # 2 Premier				\$25.00		ultra premium progressive				call hi-tech	
						Indoor Tint 1					X
Group # 3 Trendsetters				\$30.00		Double Bifocal					X
						EmeraldSeal					X
Group # 4 Exclusive				\$35.00		Hi-Tech Lens Seal dhc				\$20.00	
						Scratch coat					X
Group # 5 Titanium				\$50.00		Sideshields		Incl			
						Polycarbonate		Incl			
						Totals for Section II				\$	
Totals for Sections I and III				\$		Totals for Sections I and III (carry over)				\$	
Side Shields		Required		Optional		GRAND TOTALS (Sections I. - IV.)		\$	\$	\$	
Permanent			X			Special Instructions		PO #290057575			
Detachable											
Lens Material		Required		Optional				Total any employee upgrades, capture employee Name, Dept and Employee #			
Trivex - HI-Impact 2.0 mm (see options)		ALLOWED		\$40.00 UP-GRADE							
Plastic -Glass (Basic Impact 3.0 mm)		ONLY		WHEN AUTHORIZED							
Polycarbonate - (Hi-Impact 2.0 mm)		X		first choice				Collect the credit card or atm debit information below for Hi-Tech To Process			

AMX VISA Master Card Discover (Circle One) **Credit Card #** _____ **Sec. Code** _____

Exp. Date _____ cc or atm receipt _____ Ship back to Dr with Glasses _____

Signature _____

Distance	Sphere	Cylinder	Axis	Prism	Base	Decenter		Lens Color	Circle Choices		
	R					In	Out		Clear	Plastic Lenses	Trivex Lenses
L						In	Out	Rose 1 Rose 2 Rose 3			
Add	Add	Seg Height	PD		PROGRESSIVE TYPE:				Green 1 Green 2 Green 3	Furnish Frame	Frame Enclosed
	R		Far	Near	Bifocal Type	Trifocal Type	other				
L					FT 28	7 x 28		Gray 1 Gray 2 Gray 3	Transitions		
Frame Style or NO.					FT35	7 x 35					
Sideshields Circle One - <u>Permanent</u> Detachable <u>None</u>					SPECIAL INSTRUCTIONS:			Other			
Frame Color											
Eye Size	Bridge Size	Temple Length & Style			IMPORTANT: Must have PD for ALL Rxs and Seg. Height for ALL multifocals						
Employee Receipt Acknowledged						Purchase Authorized By					
Signature				Date		Manager's Signature & Employee #				Date	