



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

Account Number: 2359

Date

Company D752052611				Employee Information				Provider # 906			
JDSU				NAME				Wilson Optometry			
5808 Churchman Bypass				Dept#				1945 E Stop 13 Rd			
Indianapolis, In 46203-6109				Employee #				Indiannapolis In, 46223			
SEC I. Lens Choice				Company Pays	Payroll Deduct	employee pays upgrade	Not Allowed	SEC II. Services & Lens upgrade Options			
Single Vision				X				Dispensing Fee			
Bifocal				X				Anti-Reflective Coating			
Trifocal				X				outdoor tint # 2 or 3			
computer glasses				X				Sola Access Computer Lenses			
Outlook premium Progressive				X				rimless grove			
SEC III.- Frame Choice				company paid	payroll deduct	employee upgrade	Not Allowed	Hi-Index 3.0mm basic impact			
Standard Collection				X				Transitions			
								Trivex			
Group # 1 Baseline				X				Polaroid			
								Zeiss-Varilux -etc.			
Group # 2 Premier						\$25.00		ultra premium progressive			
								Indoor Tint 1			
Group # 3 Trendsetters						\$30.00		Double Bifocal			
								Emerald Seal			
Group # 4 Exclusive						\$35.00		Hi-Tech Lens Seal dhc			
								Scratch coat			
Group # 5 Titanium						\$50.00		Sideshields			
								UV			
								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			
Detachable								PO # 290057575			
Lens Material				Required		optional		Total any employee up-grades, 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 )						NOT ALLOWED					
Polycarbonate - ( Hi-Impact 2.0 mm )				X		first choice		Collect the credit card or atm debit information below for <b>Hi-Tech To Process</b>			

AMX      VISA      Master Card      Discover      (Circle One)      Credit Card # \_\_\_\_\_      Sec. Code \_\_\_\_\_  
 Exp. Date \_\_\_\_\_      cc or atm receipt \_\_\_\_\_      ship back to Dr with Glasses \_\_\_\_\_  
3 digits on back

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	Plastic Scratch Coating	UV 400 Coating
	R		Far	Near	Bifocal Type	Trifocal Type	other				
L					FT 28	7 x 28		Gray 1 Gray 2 Gray 3	Plastic Scratch Coating	UV 400 Coating	A/R Coating
					FT35	7 x 35					
Frame Style or NO.					SPECIAL INSTRUCTIONS:			Transitions	Furnish Frame	Frame Enclosed	Lenses Only
Sideshields Circle One - <u>Permanent</u> Detachable <u>None</u>											
Frame Color								Other	Furnish Frame	Frame Enclosed	Lenses Only
Eye Size	Bridge Size	Temple Length & Style			IMPORTANT: Must have PD for ALL Rx's and Seg. Height for ALL multifocals						

Employee Receipt Acknowledged      Purchase Authorized By

Signature \_\_\_\_\_      Date \_\_\_\_\_      Manager's Signature & Employee # \_\_\_\_\_      Date \_\_\_\_\_