



\*Required Fields

### Prescription Eyewear Request Form

Hi-Tech Optical, Inc.  
 3139 Christy Way South  
 Saginaw MI 48603  
 (P) 800.638.1171 (F) 800.806.1663  
[www.hi-techoptical.com](http://www.hi-techoptical.com)

Bill To: **3122**

Order Date  
(MM/DD/YY)

Eligibility #

\*Employee Last Name

\*Employee First Name

Employee #

Employee Phone

Bill-To: Account #: **3122**

State of Iowa

Employee Pay

\*Credit Card/Money Order\*

Ship-To:

Provider #:

Frame Options	Co-Pay Amount
F6000.....	13.70
Eagle, 70F.....	14.00
F9800, F9900, OG014.....	14.90
SC910.....	18.50
FC704, FC705, FC707, FC709, OG080, 650.....	21.00
OG102, OG019, DP720.....	25.70
Steel 300, OG112.....	26.00
PC266A, PC269.....	29.50
TR301S, TR303S.....	32.50
TR307S, TR309S.....	36.00
EXT2, SG403T, EXT10.....	62.00

Lens Style	Co-Pay Amount
Plano.....	15.00
Single Vision.....	15.00
Bi-Focal D-28.....	18.00
Tri-Focal 7X28.....	18.00
Progressive (Standard).....	44.00
Progressive (Premium).....	70.00
Occupational (plastic only).....	45.00
Double Segments (D-28).....	40.00

Lens Material	Co-Pay Amount
Polycarbonate (SV/MF).....	00.00
Plastic.....	00.00

Lens Options	Co-Pay Amount
Transitions.....	50.00
Polarized.....	40.00

Tints & Coatings	Co-Pay Amount
Tint (Solid or Gradient).....	4.00
Scratch Coating (both sides).....	4.00
UV Coat (plastic).....	4.00
UV Coat (poly).....	0.00
Standard AR Coat.....	20.00
Premium Scratch Coat.....	20.00

Other Options	Co-Pay Amount
Repair Parts.....	7.50
Goggles (clear).....	8.00
Goggles Anti-Fog (clear).....	15.00
Silicon Nose Pads.....	0.60

Side Shields	Co-Pay Amount
Permanent.....	4.00
Clip-On.....	2.00

Dispensing	Co-Pay Amount
Dispensing Fee.....	25.00
Glasses Case (no metal clip).....	0.00

Total \$ \_\_\_\_\_

Supervisor Contact  
Phone \_\_\_\_\_

Signature \_\_\_\_\_

Lenses Only    Complete Pair    Patient's Own Frame    Frame Only

Frame Style	Eye	Bridge	Color	Temple

Polycarbonate    Plastic CR-39    Plano

Side Shields:  Permanent    Clip-On

Single Vision    Tri-Focal 7X28    Double D-28  
 Bi-Focal D-28    Occupational    Progressive \_\_\_\_\_

CLEAR POLYCARBONATE LENSES WILL BE SUPPLIED IF NOT SPECIFIED

Clear    Polarized    UV-Coat  
 Scratch Coat (plastic only)    Premium Scratch Coat    Tint \_\_\_\_\_  
 Transitions (Photochromic)    Standard AR Coat

Prescription		Sphere	Cylinder	Axis	Prism	Base
	Right OD					
	Left OS					
		Add Power	Seg. Height	Distance PD	Near PD	
	Right OD					
	Left OS					

The employees are responsible for any co-pays. **ALL CREDIT CARD CHARGES ARE MADE BY HTO.**

\*Signature is required for Employee Credit Card charges.

Card Type:	Credit Card Number	Expiration Date	CVV	Total Amount
VI, MC, AX, DI	(xxxx-xxxx-xxxx-xxxx)	(MM/YY)		

Signature: \_\_\_\_\_

**Doctor/Optician:**  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Signature \_\_\_\_\_