



Please Fax **ENTIRE** Form To:
800-328-9394
 Twin City Optical - Cedar Rapids, IA

**INDUSTRIAL
 PRESCRIPTION**

Price List - Group 68
 Bill Company in Full

New Program
 Effective Date - 7/14/14

State of Iowa - EMPLOYEE PAY 100%

If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-245-5859.

Account#: 19424

Date: _____

Employee Name: _____

	Sphere	Cylinder	Axis	Prescribed Prism In Out Up Down			
R							
L							
	Add	Height		Dist - PD -Near			
R							
L							
	Base Curve	OC Height	Bifocals (Please Indicate Style)				
R							
L			Trifocals (Please Indicate Style)				
Circle One	Supply Frame	Frame Enclosed	Progressives (Please Indicate Style)				
	Frame to Follow	Lenses Only					
Frame Name							
Frame Color							
Eye Size		Bridge	Tpl Lngth	Sideshields			
Special Instructions							

Lens Options

Lens Materials
 Polycarbonate Required

Coatings
 TD2@ Coating
 TD2@ w/ OptiFog™
 Sharpview™
 Crizal@ w/ OptiFog™
 Crizal@ Easy UV™
 Crizal@ Alize UV™
 Crizal@ Avance UV™
 Crizal@ Sapphire UV™
 Crizal@ Sunshield UV™
 Crizal@ Sunshield UV™ Mirror

Tints/Photochromics

Items NOT Allowed

For Lab Use Only

Ship to: _____
 Bill to: 19424

Frame Options	Allowed	
Master Agreement 4760-14 only allows these frames.	F9800	C470
	F9900	C650
	F4000	DP720
	F6000	TR301
	FC704	TR303
	FC705	TR307
	FC707	TR309
	FC709	TR310
	SC910	TR311S
	PC266	70F
PC269	EAGLE	EXT10
PC250A / PC250SWA	STEALTH GOGGLE	EXT2
Lens Styles	Allowed	Not Allowed
Single Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bifocal/Trifocal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens Material	Allowed	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coatings	Allowed	Not Allowed
TD2@ Coating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD2@ w/ OptiFog™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sharpview™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ w/OptiFog™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Easy UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Alize UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Avance UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Sapphire UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Sunshield UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Sunshield UV™ Mirror	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens Color	Allowed	Not Allowed
Solid Tint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gradient Tint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transitions® VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Polarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	Allowed	Not Allowed
Permanent Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detachable Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispensing Fee \$20	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Instructions
 * Current Prescription (within 2 yrs.) required.
 * Eyecare provider must order, dispense & fit glasses.

Special Instructions
 * Employee will pay 100% of the cost of safety glasses via personal credit card.
 * **A COMPLETED CREDIT CARD FORM MUST BE FAXED WITH THIS ORDER TO THE LAB. EYEWEAR WILL NOT BE PROCESSED WITHOUT IT.**

Lens Material Note
 * Polycarbonate lenses are required for the best protection.
 * **Note: Standard plastic and glass lenses are "Non Impact Rated" protection only and do not meet the "Impact Rated" requirements of ANSI Z87.1-2010.**

Ordering/Shipping
 * Essilor will bill employee for the \$20 dispensing fee & reimburse the eyecare provider.
 * Eyecare provider will order glasses and will receive completed glasses.

Company Authorization:

Ask your eyecare professional about:



TOUGH • DURABLE • 2-SIDED



an Essilor Lens



Acct#: _____ Office Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Safety glasses must meet ANSI Z87.1-2010 standards.