To complete the Prescription Safety Glasses order form, please circle one or more items in each section below.

### Section 1 - Lens Material (Circle one material)
- **Glass**: Basic Impact Only
- **Polycarbonate**: High Impact

**Duty to Warn**: Polycarbonate is the most impact resistant material & recommended for all safety glasses.

### Section 2 - Lens Style (Circle one style)
- **Piano**: Glass or Poly
- **Single Vision**: Glass or Poly
- **Bifocals**: Round, D25, D28, D35, Full Line
- **Trifocals**: 7X25, 7X28, 8X35, Full Line
- **Double Segment**: Glass
- **Progressives - Outlook**: Poly
- **Progressives - Image**: Poly
- **Progressives - Natural**: Glass or Poly
- **Progressives - Varilux Comfort**: Glass or Poly

**Styles are available in only those materials listed above.**

### Section 3 - Lens Coatings (Circle all required)
- **Tints**: Solid, Gradient
  - **Tint Color**: Rose, Green, Gray
  - **Tint Level**: 1 - 2 - 3
- **Anti-Reflective Coating**: Included
- **Super Anti-Reflective**: Included

### Section 4 - Lens Options (Circle option)
- **Transitions**: Included
- **Photo Chromatic (Glass only)**: Included
- **Polarized**: Included

### Section 5 - Frame Options (Circle option requested)
- **Detachable Side Shields**: MUST
- **Silicon Nose Pads**: Included

**Side Shields are required for all employees.**

### Section 6 - Frame Options (Circle Frame Style)
- **Frame Group 1**: F4000, F5000, F9800, F9900
  - Included
- **Frame Group 2**: A2000, Eagle, F6000
  - Included
- **Frame Group 3**: FC704, ZT100, SC900, SC901
  - Included
- **Frame Group 4**: C470
  - Included
- **Frame Group 5**: OG071P, OG091, OG092, OG093, OG094
  - Included
- **Frame Group 6**: DP720, DP810, FC707, FC709
  - Included
- **Frame Group 7**: OG101, PC284, Steel 300, Steel 400, Steel 500
  - Included
- **Frame Group 8**: Urban 6
  - Included
- **Frame Group 9**: DT-1, DT-2, DT-3, DT-4, EXT2
  - Included
- **Frame Group 10**: DTX100, DTX200, EXT10, Urban T-4, Urban T-5
  - Included

**IMPORTANT**: Must have PD for ALL Rxs, Seg. Height for ALL multifocals

### Purchase Authorized By
- **Signature**: [ ]
- **Date**: [ ]

**No Employee Co-Pay**

**RX Prescription Information**

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<th>Sphere</th>
<th>Cylinder</th>
<th>Axis</th>
<th>Prism</th>
<th>Base</th>
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<th>Near PD</th>
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**Right OD**

**Left OS**

**Special Instructions:**
- **Lenses Only**: [ ]
- **Frame Only**: [ ]

**RX Provider Signature:**

**RX Provider Phone:**

**4-WI-UW-RF-RM**  N9 - I-M-P