THIS MUST ACCOMPANY OFF-SITE ORDERS

Prescription Eyewear - Order Form

3M
2925 Gary Dr. Plymouth, IN 46563
Tel: 800.982.2828 Fax: 800.945.2828

Order Date (mm/dd/yy) / /

Order Form# EA

PO# (Required) 592511

REQ#

EMP LAST NAME (Required)

EMP FIRST NAME (Required)

EMPLOYEE#

EMP DEPT

EMPLOYEE PHONE (Required)

Company: 08960892
FERMILAB OFFSITE
PO BOX 500 ATTN CINDY ROGERS
M/S 119 ES&H SECTION
BATAVIA IL 60510

Bill-To: 08960892
FERMILAB OFFSITE
PO BOX 500 ATTN CINDY ROGERS
M/S 119 ES&H SECTION
BATAVIA IL 60510

Ship-To: _____ (Account#)

Obtain Secure Credit Card ID from: https://aosafetysrx.com/secure_id OR 866.235.5506

	VI,MC,AX,DI	16 digit SCCID (xxxx-xxxx-xxxx-xxxx)	Exp (mm/yy)	Amount
*Employee				
Company				

Do NOT enter a real credit card number

* Signature required for Emp Credit Card charges

☐ Lenses Only ☐ Patient's Own Frame ☐ Frame Only

Lens Style

☐ Single Vision

☐ BiFocal ☐ 28 ☐ 35

☐ TriFocal ☐ 28 ☐ 35

☐ Occupational 14 mm sep ☐ 28 ☐ 35

Progressives

☐ Base PAL Clear CR39/Poly ☐ SolaOne

☐ SolaMax ☐ Outlook

☐ AO Compact ☐ VIP

☐ Other _____ ☐ AO Easy

Duty to warn: Polycarbonate is the most impact resistant material available & is highly recommended

Lens Material

☐ Polycarbonate ☐ Plastic CR-39 ☐ Glass ☐ Other _____

Tints & Coatings

No charge for Scratch Resistant Coating

☐ Clear

☐ Tint _____

☐ Photochromic

☐ Transitions

☐ Polarized

☐ SuperCote

☐ AR W/SuperCote

☐ AR W/SuperCote PLUS

☐ Transitions XTRActive

☐ Anti-Reflective

☐ UV

☐ Anti-Fog

☐ Other _____

Prescription

	Sphere	Cylinder	Axis	Prism	Base
Right OD					
Left OS					

	Add Power	Seg Hgt	Dist PD	Near PD
Right OD				
Left OS				

Frame

Style Name, Model	Eye	Bridge	Color	Temple

Side Shields * Select Styles Only ☐ Permanent ☐ Detachable ☐ Gray ☐ T-LOC ☐ *Steel ☐ *Integrated ☐ *Perforated ☐ *Breeze Catcher

Special Instructions GLASS,PGX,TRANSITIONS REQUIRED. D/S SAFETY OFF & ES&H SECTION HEAD SIGNATURE.

Who pays: (C)ompany, (E)mployee, NA=not allowed, REQ=Required

Frame Groups

	Who Pays	REQ	CoPay Amt
Base Group	C		.00
Group A	C		.00
Group B	C		.00
Group C	C		.00
Group D	C		.00
Group D PLUS	E		18.14
Group E	E		29.02
Group F	E		29.22
Group G	E		49.01
Group G PLUS	E		69.83
Group H	E		100.80
Wrap Srx	E		50.00

Lens Style

	Who Pays	REQ	CoPay Amt
Single Vision	C		.00
BiFocal	C		.00
TriFocal	C		.00
Computer Lens	NA		
Base PAL (min fitting ht 18mm)	C		.00
I Hoya Amplitude Outlook, SolaMax	C		.00
II AO Compact, VIP, Image, Adaptar	C		.00
III Easy, Illumina, EOS Natural	C		.00
III-Plus Comfort	C		.00
IV SolaOne, Compact Ultra	C		.00
V Zeiss GT2	C		.00

Lens Material

	Who Pays	REQ	CoPay Amt
Polycarbonate	C		.00
Glass	NA		
Plastic CR-39	C		.00
High-Mid Index	E		30.00
Trivex	C		.00

Lens Options

	Who Pays	REQ	CoPay Amt
Photochromic Glass	NA		
Colored Glass	NA		
Transitions, LifeRx	C		.00
Transitions XTRActive	C		.00
Intimidator (Polarized Mirror)	C		.00
Polarized / Coppertone	C		.00
DriveWear	NA		

Tints & Coatings

	Who Pays	REQ	CoPay Amt
Tint 1 Plastic/Poly	C		.00
Tint 2 Plastic/Poly	C		.00
Tint 3 Plastic/Poly	C		.00
UV	C		.00
A/R Coating	C		.00
SuperCote	C		.00
AR W/SuperCote	C		.00
AR W/SuperCote PLUS	NA		
Anti-Fog Coating	NA		

Other Options

	Who Pays	REQ	CoPay Amt
Specialty Lenses	C		.00
Occupational	C		.00
Full Line MultiFocals	C		.00
Polish Edges	NA		

Specialty lenses include Slab-Offs, Myodiscs, cataracts plus special Glass treatments such as Noviol and Didymium

SideShields

	Who Pays	REQ	CoPay Amt
Permanent			
Detachable			
FOR FUTURE USE			

Dispensing

	Who Pays	REQ	CoPay Amt
Dispensing Fee	C		

If Dispensing Fee is employee paid, collect at time of order

Employee co-payments by SECURE CC ID are due at time of order and may be faxed to: 800.945.2828.

* Credit Card Authorization
Signature

Supervisor / Contact
Phone _____
Fax _____
Signature

Doctor / Optician
Phone _____
Fax _____
Signature