Ø	
CSSILOR LABORATORIES	

**REQUIRED

Account#:

Employee Name:

Please Fax <u>ENTIRE</u>Form To: 800-553-1730 Bell Optical - Columbus, OH INDUSTRIAL PRESCRIPTION

Date

Price List - Group 202 Split Bill Company & ECP

UC Davis [Your Department Name] Davis, CA [Your Phone #] If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-776-8077. Frame Options Basic If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-776-8077. Participating a current prescription (within Direct on the participating eye care provider. Options Thrifty Participating eye care provider. Participating eye care provider. * Participating eye care provider.

Purchase Order#: Emp. / Dept				p. / Dept#	<u>t:</u>	Basic	V		* Receive or bring a current prescription (within	
					bed Prism	Lens Options	Thrifty			2yrs) and a copy of this order form to a
	Sphere	Cylinder	Axis	In Out	Up Dow n		Economy			participating eye care provider.
R						Lens Materials	Fashion			* Participating provider will order, fit, and dispense your safety glasses.
<u> </u>					\vdash	Polycarbonate Recommended	Deluxe			
L						Plastic	Premium 1			
	Add	Height		Dist -	PD -Near	Glass	Premium 2			
	Add	rieigin	-	5101		Coatings	Premium 3			Lana Matarial Nata
R						TD2® Coating	Titanium 1			Lens Material Note * UC Davis B and Essilor Laboratories strongly
			1			TD2® w/ OptiFog™	Titanium 2			recommends the use of polycarbonate
L						Crizal® w/ OptiFog™	Titanium 3			
				Bifocals		Crizal® EasyUV™	Lens Styles	\$250 Max Pay	Not Allowed	1
	Base Curve	e OC Height	eight (Please Indicate Style)		Crizal® Alize UV™	Single Vision			Standard plastic and glass lenses are	
R						Crizal® Avance UV™	Bifocal/Trifocal			"Basic Impact" protection only and do not meet the "High Impact" requirements of ANSI Z87.1-2015.
						Crizal® Sapphire UV™	Progressive 1			
L			(Pleas	se Indicate	Style)		Progressive 2			- ANGI 201.1-2013.
Qinala	Supply Frame		Ì	, , , , , , , , , , , , , , , , , , ,		Tints/Photochromics	Progressive 3			†
Circle One	Frame Frame to	Enclosed Lenses	<u> </u>	rogressive		-	Progressive 4			
One	Follow	Only		se Indicate			Progressive 5			T
Frame	Name				c (j (c)		Progressive 6			-
							Lens Material	\$250 Max Pay	Not Allowed	* =
Frame	Frame Color			Items NOT Allowed	Polycarbonate			* The eye care provider will send the completed order form to the optical laborator		
							Plastic			for processing.
Eye Size		I B · · ·	-			Detachable Side Shields	Glass			* The completed safety glasses will be
Eye Size		Bridge	Tpl Lngth			D	Coatings	\$250 Max Pay	Not Al owed	shipped back to the eye care provider for
				Perma	nent Only		TD2® Coating	V		verification.
Special Instructions							TD2® w/ OptiFog™			* The eye care provider will notify the
						For Lab Use Only	Crizal® w/OptiFog™			employee for fitting and dispensing.
							Crizal® Easy UV™	V		1
Shi Bil						Ship to:	Crizal® Alize UV™	V		T
						Bill to:	Crizal® Avance UV™			
							Crizal® Sapphire UV™	V		
Ask your eyecare professional about:						Lens Color	\$250 Max Pay	Not Allowed	Misc. Fees * Eye care provider will collect any exam fees	
							Solid Tint	V		directly from the employee or any insurance, if
TD2 OPTIFOG Crizal				Gradient Tint			applicable.			
				AV	ANCE		Transitions® VII			
							Transitions®XTRActive			
Acct#		Office	e Name:				Xperio®			
Address	: (Please Pri	nt)				Telephone	Drivewear®			
City/Sta	te/Zip						Miscellaneous	\$250 Max Pay	Not Allowed	
							Dispensing Fee \$20.00			
						standards.	Perm. Sideshields			
							Detachable Sideshields		v	