



Please Fax ENTIRE Form To:
800-888-4329
WOS Optical - Green Bay, WI

INDUSTRIAL
PRESCRIPTION

Price List - Group 201
Bill Company in Full

Effective Date - 4/18/2006
Revision Date - 12/31/2014

City of Fond du Lac Fond du Lac, WI

If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-888-4454.

Account#: 1044 Date: _____

Employee Name: _____

P.O.#: _____ Emp. / Dept #: _____

	Sphere	Cylinder	Axis	Prescribed Prism			Lens Options
				In	Out	Up Down	
R							Lens Materials Polycarbonate Recommended Plastic Glass
L							
	Add	Height		Dist - PD -Near			Coatings TD2® Coating TD2® w/ OptiFog™ Crizal® w/ OptiFog™ Crizal® Easy UV™ Crizal® Alize UV™ Crizal® Avance UV™ Crizal® Sapphire UV™
R							
L							
	Base Curve	OC Height	Bifocals (Please Indicate Style)				Tints/Photochromics Items NOT Allowed
R							
L			Trifocals (Please Indicate Style)				For Lab Use Only Bill & Ship to: 1044
Circle One	Supply Frame to Follow	Frame Enclosed Lenses Only	Progressives (Please Indicate Style)				
Frame Name							
Frame Color							
Eye Size	Bridge	Tpl Lngth	Sideshields				
Special Instructions							

Frame Options	Allowed	Not Allowed
Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thrifty	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fashion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deluxe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Titanium 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Titanium 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Titanium 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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"/>
Progressive 5	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens Material	Allowed	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/> RECOMMENDED	<input type="checkbox"/>
Plastic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Glass	<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"/>
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"/>
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"/>
Transitions® XTRActive	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Xperio	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Drivewear	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	Allowed	Not Allowed
Disp. \$ Employee Pay	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Permanent Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detachable Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Instructions

- * Current Prescription (within 2 yrs.) required.
- * Bring prescription & this form to eyecare provider.
- * Eyecare provider must order, dispense & fit glasses.

Special Instructions

- * City of Fond du Lac will pay 50% of the total cost of safety glasses. The remaining 50% will be collected from the employee via payroll deduction.
- * Employee is responsible for paying any dispensing fees (fitting fees) directly to the eyecare provider.

Lens Material Note

- * City of Fond du Lac & Essilor strongly recommend the use of polycarbonate for the best protection.
- * Note: Standard plastic and glass lenses are "Basic Impact" protection only in accordance with the ANSI Z87.1-2003 and do not meet the "Impact" requirements of ANSI Z87.1-2010.

Ordering/Shipping

- * Shipping paid by company.
- * Eyecare provider will order glasses and will receive completed glasses.
- * Employee needs to be fit properly by eyecare provider.

Misc. Fees

- * Eyecare provider will collect any dispensing fees directly from the employee.
- * Eyecare provider will collect any exam fees directly from the employee or any insurance, if applicable.

See Special Instructions for More Details on Allowances

Company

Ask your eyecare professional about:



Bill & Ship to: 1044 City of Fond du Lac
160 South Macy Street Phone:
Fond du Lac, WI 54935

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