



Prescription Eyewear - Order Form

3M

2925 Gary Dr. Plymouth, IN 46563

Tel: 800.982.2828 Fax: 800.945.2828



Order Date (mm/dd/yy)

____/____/____

TELEPHONE (Required)

PATIENT LAST NAME (Required)

PATIENT FIRST NAME (Required)

Company: 00005000 This area for 3M use only

For Credit Card Purchases ONLY

ECP (Eye Care Professional): Please enter your AOSafety account number in the box below, followed by your SHIP-TO address.

This information is essential for the prompt payment of your dispensing fee.

Account-No: _____

Ship-To Address: _____

Do not fax without credit card information. The total credit card amount does NOT include applicable state or county tax.

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

CC Type VI,MC,AX,DI 16 Digit SCCID (XXXX - XXXX - XXXX - XXXX) Exp (mm/yy) Amount

*Employee	_____	_____	_____	_____
Customer	_____	_____	_____	_____

Do NOT enter a credit card number

* Signature required for Emp Credit Card charges (lower right section of form)

Lens Style	<input type="checkbox"/> Single Vision	Progressives (No Other PALs Authorized)		
	<input type="checkbox"/> BiFocal <input type="checkbox"/> 28 <input type="checkbox"/> 35	<input type="checkbox"/> Base PAL Clear CR39/Poly	<input type="checkbox"/> SolaOne	
	<input type="checkbox"/> TriFocal <input type="checkbox"/> 28 <input type="checkbox"/> 35	<input type="checkbox"/> SolaMax	<input type="checkbox"/> Outlook	
	<input type="checkbox"/> Occupational 14 mm sep <input type="checkbox"/> 28 <input type="checkbox"/> 35	<input type="checkbox"/> AO Compact	<input type="checkbox"/> VIP	
	<input type="checkbox"/> Other _____	<input type="checkbox"/> AO Easy		

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

Lens Material	<input type="checkbox"/> Polycarbonate <input type="checkbox"/> Plastic CR-39 <input type="checkbox"/> Glass <input type="checkbox"/> Other _____
	Tints & Coatings No charge for Scratch Resistant Coating
	<input type="checkbox"/> Clear <input type="checkbox"/> Polarized <input type="checkbox"/> DX RX Anti-Fog <input type="checkbox"/> Tint _____ <input type="checkbox"/> Intimidator <input type="checkbox"/> UV <input type="checkbox"/> Photochromic <input type="checkbox"/> AR W/SuperCote <input type="checkbox"/> Transitions <input type="checkbox"/> AR W/SuperCote PLUS <input type="checkbox"/> <input type="checkbox"/> Transitions XTRActive

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 Permanent Detachable Gray T-LOC
 * Select Styles Only *Integrated *Perforated *Breeze Catcher

Special Instructions Rush Job ALL ORDERS REQUIRE USE OF SECURE ID#. PLEASE RECORD ID# IN CREDIT CARD BOX IN AREA ABOVE

INSTRUCTIONS TO EYE CARE PROFESSIONAL (Dispenser)

The right side of this form guides you based on the options allowed by this program.

Enter upgrade amounts in the blank box for additional upgrades and record the grand total in the box for the credit card amount.

INSTRUCTIONS TO CARDHOLDER

Tints and lens materials are allowed unless you indicate otherwise.

For options other than the base packages, simply indicate Y (Y, allowed) or N (Not Allowed) as you deem appropriate for your eyewear program.

All Prices are in US Dollars.
 Single Vision, BiFocal, TriFocal
 Base Progressive (PAL) **\$140.00**

Lenses
 Single Vision, Bifocals, Trifocals and Progressive Addition Lenses.
 PALS included are:
 SolaMax, VE Outlook, Amplitude Sola VIP

Frames
 All AOSafety brand frames.
 Other frame upgrade options below.

Y N (Y=Yes, allowed / N=Not Allowed)
 If left blank, default will be YES

Tints & Coatings
 Tints
 SRC (Scratch Resistant Coating)
 UV (Ultraviolet Coating)

Material
 Glass
 Plastic CR-39
 Polycarbonate

SideShields
 Detachable (default)
 Permanent

PROGRESSIVES (PALS) \$65.00

AO Compact, AO Easy, Sola One, Varilux Comfort, Comfort (New), Note: No other PAL brands may be ordered in this program.

FRAME UPGRADE \$85.00

Y N (Y=Yes, allowed / N=Not allowed)
 All Uvex Rx, OnGuard & Hudson

OTHER LENS OPTIONS \$65.00 Each
 Y N (Y=Yes, allowed / N=Not allowed)

<input type="checkbox"/> Intimidator	<input type="checkbox"/> Check box to order item & then add \$65 for each item to the total below.
<input type="checkbox"/> DX Rx Anti-Fog	
<input type="checkbox"/> AR W/SuperCote	
<input type="checkbox"/> AR W/SuperCote PLUS	
<input type="checkbox"/> Polarized	
<input type="checkbox"/> Transitions/PGX	
<input type="checkbox"/> Transitions XTRActive	

Total Lens Options

Base Package (\$140)	_____
Progressive Upgrade	_____
Frame Upgrade	_____
Other Lens Options	_____

TOTAL PRICE Enter here and in credit card section (left side of form)

*** Credit Card Authorization**
 Signature _____

Dispensing Fee Will Be Paid By 3M

Retain a copy of this form or the shipping document as your credit card receipt.

Doctor / Optician
 Phone _____
 Fax _____
 Signature _____