



# 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](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	<b>Progressives (No Other PALs Authorized)</b>	
<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"/> AO Compact	<input type="checkbox"/> VIP
<input type="checkbox"/> 28 <input type="checkbox"/> 35	<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**

Polycarbonate     Plastic CR-39     Glass     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"/> 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     \*Steel

\* Select Styles Only     \*Integrated     \*Perforated     \*Breeze Catcher

**Special Instructions**     Rush Job

\_\_\_\_\_

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  
 X  SRC (Scratch Resistant Coating)  
 X  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), Compact Ultra. 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)  
 Intimidator     Check box to order item & then add \$65 for each item to the total below.  
 DX Rx Anti-Fog  
 AR W/SuperCote  
 AR W/SuperCote PLUS  
 Polarized  
 Transitions/PGX  
 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 \_\_\_\_\_