



Please Fax Form To:
800-294-7782
Bell Optical - Davton, OH

INDUSTRIAL PRESCRIPTION

Price List - 201
Split Bill to Company/Provider

Effective Date - 09/30/2008
Revision

Aim Nationalease Girard, OH

If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-953-5045.

Account#: **47351** Date _____

Employee Name: _____

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

	Sphere	Cylinder	Axis	Prescribed Prism			
				In	Out	Up	Down
R							
L							
	Add	Height		Dist - PD -Near			
R							
L							
	Base Curve	OC Height	Bifocals (Please Indicate Style)				
R							
L			Trifocals (Please Indicate Style)				
	Circle	Supply Frame	Frame Enclosed	Progressives (Please Indicate Style)			
One		Frame to Follow	Lenses Only				
Frame Name							
Frame Color							
Eye Size		Bridge	Tpl Lngth	Sideshields Permanent			

Lens Options

Lens Materials

Polycarbonate Required

Scratch Coatings

TD2
Other

AR Coatings

Crizal®Avance™
Crizal®Alize™
Other

Tints/Photochromics

Items NOT Allowed

For Lab Use Only

Ship to: _____
Bill to: **47351**

Special Instructions

**Order Entry:
please contact DeAnna to verify
employment. Thanks !!!**

Ask your eyecare professional about:



Acct# _____ Office Name: _____

Address: (Please Print) _____ Telephone _____

City/State/Zip _____

Frame Options	Company Pay	Pay ECP	Not Allowed
Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thrifty	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Economy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fashion	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deluxe	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Premium 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Titanium 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Titanium 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Titanium 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lens Styles	Company Pay	Pay ECP	Not Allowed
Single Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bifocal/Trifocal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progressive 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Progressive 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Computer PP	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens Material	Allowed	Required	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/> Required	<input type="checkbox"/>	<input type="checkbox"/>
Plastic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coatings	Company Pay	Pay ECP	Not Allowed
Scratch Coat	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TD2@ Coating	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
UV Coating	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crizal® Alize™	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Crizal®Avance™	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Lens Color	Company Pay	Pay ECP	Not Allowed
#1 Solid Tint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
#2 Solid Tint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
#3 Solid Tint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Gradient Tint	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Transitions®	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
PhotoGray/Brown	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Polaroid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	Company Pay	Pay ECP	Not Allowed
Disp. \$	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Perm. Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Det. Sideshields	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Instructions

- * Current Prescription (within 2 yrs.) required.
- * for help finding a provider--- go to www.eloa-safety.com. Login:welcome password:eloa. select provider locator, and start search by city, state, county or zipcode. If you need assistance call **DeAnna 800-328-4912x2055**
- * Aim Nationalease will pay a portion toward the cost of safety glasses.
- *amount not covered must be paid directly to the Eyecare Provider.

Special Instructions

- *Sun clips are available to the employee, but they must pay the Eyecare Provider direct.

Lens Material Note

- * Note: Standard plastic and glass lenses are "Basic Impact" protection only and do not meet the "High Impact" requirements of ANSI Z87.1-2003.

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 fitting fees directly from the employee.
- * Eyecare provider will collect any exam fees directly from the employee or any insurance.

Safety glasses must meet ANSI Z87.1-2003 standards.

Company Authorization: