



# Prescription Eyewear - Order Form

3M

2925 Gary Dr. Plymouth, IN 46563

Tel: 800.982.2828 Fax: 800.945.2828

Who pays: (C)ompany, (E)mployee, NA=not allowed, REQ=Required

Order Date (mm/dd/yy)

\_\_\_\_/\_\_\_\_/\_\_\_\_

Order Form#

EA

PO#

INDEX# (REQ#)

(Required)

EMP LAST NAME

(Required)

EMP FIRST NAME

(Required)

OSUID# (EMP#)

(Required)

EMP DEPT

EMPLOYEE PHONE

(Required)

Company: 05913056

OREGON STATE UNIVERSITY  
ENVIRONMENTAL HEALTH & SAFETY  
100 OAK CREEK BLDG  
CORVALLIS OR 97331

Bill-To: 01004956

OREGON STATE UNIVERSITY  
ATTN ACCOUNTING OFFICE  
108 OAK CREEK BLDG  
CORVALLIS OR 97331

Ship-To: \_\_\_\_\_ (Account#)

Frame Groups	Who Pays	Qty	CoPay Amt
Base Group	C		.00
Group A	C		.00
Group B	C		.00
Group C	C		.00
Group D	C		.00
Group D PLUS	C		.00
Group E	C		.00
Group F	C		.00
Group G	C		.00
Group G PLUS	C		.00
Group H	E		33.00
Wrap Srx	E		55.00

Lens Style	Who Pays	Qty	CoPay Amt
Single Vision	C		.00
BiFocal	C		.00
TriFocal	C		.00
Computer Lens	C		171.60
Base PAL (min fitting ht 18mm)	E		.00
I Hoya Amplitude Outlook, SolaMax	C		.00
II AO Compact, VIP, Image, Adaptar	C		.00
III Easy, Illumina, EOS Natural	E		33.00
III-Plus Comfort	E		44.00
IV SolaOne, Compact Ultra	E		82.50
V Zeiss GT2	E		137.50

Lens Material	Who Pays	Qty	CoPay Amt
Polycarbonate	C		.00
Glass	C		.00
Plastic CR-39	C		.00
High-Mid Index	C		.00
Trivex	E		44.00

Lens Options	Who Pays	Qty	CoPay Amt
Photochromic Glass	C		.00
Colored Glass	C		.00
Transitions, LifeRx	C		.00
Transitions XTRActive	E		27.50
Intimidator (Polarized Mirror)	E		77.00
Polarized / Coppertone	C		.00
DriveWear	NA		

Tints & Coatings	Who Pays	Qty	CoPay Amt
Tint 1 Plastic/Poly	C		.00
Tint 2 Plastic/Poly	C		.00
Tint 3 Plastic/Poly	C		.00
UV	C		.00

A/R Coating	C		.00
SuperCote	C		.00
AR W/SuperCote	C		.00
AR W/SuperCote PLUS	E		27.50
Anti-Fog Coating	C		.00

Other Options	Who Pays	Qty	CoPay Amt
Specialty Lenses	E		.00
Occupational	E		171.60
Full Line Multifocals	C		.00
Polish Edges	C		.00

Specialty lenses include Slab-Offs, Myodiscs, cataracts plus special Glass treatments such as Noviol and Didymium

SideShields	Who Pays	Qty	CoPay Amt
Permanent Detachable FOR FUTURE USE	C Y		.00

Dispensing	Who Pays	Qty	CoPay Amt
Dispensing Fee	C		

If Dispensing Fee is employee paid, collect at time of order  
Employee co-payments by SECURE CC ID are due at time of order and may be faxed to: 800.945.2828.

### \* Credit Card Authorization

Signature \_\_\_\_\_

Supervisor / Contact

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Signature \_\_\_\_\_

Doctor / Optician

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Signature \_\_\_\_\_

Obtain Secure Credit Card ID from: [https://aosafetysrx.com/secure\\_id](https://aosafetysrx.com/secure_id) OR 866.235.5506

VI,MC,AX,DI 16 digit SCCID (xxxx-xxxx-xxxx-xxxx) Exp (mm/yy) Amount

*Employee	VI,MC,AX,DI	16 digit SCCID	Exp (mm/yy)	Amount	Do NOT enter a real credit card number
Company					

\* Signature required for Emp Credit Card charges

Lenses Only     Patient's Own Frame     Frame Only

**Lens Style**

Single Vision    **Progressives**

BiFocal     28     35     Base PAL Clear CR39/Poly     SolaOne

TriFocal     28     35     SolaMax     Outlook

Occupational 14 mm sep     AO Compact     VIP

28     35     Other \_\_\_\_\_     AO Easy

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

Polycarbonate     Plastic CR-39     Glass     Other \_\_\_\_\_

**Lens Material**

**Tints & Coatings**    No charge for Scratch Resistant Coating

Clear     Polarized     Anti-Reflective

Tint \_\_\_\_\_     SuperCote     UV

Photochromic     AR W/SuperCote     Anti-Fog

Transitions     AR W/SuperCote PLUS     Other \_\_\_\_\_

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

EMPLOYEE PAYS THEIR LISTED FEES AT TIME OF ORDER BY CHECK OR CREDIT CARD

# Prescription Safety Eyewear Program Instructions

## Employee Instructions:

1. You will need a valid eyewear prescription to order safety prescription eyewear. The doctor of your choice may provide your exam or you may choose to use one of the 3M Eye Care Professional locations. You must also obtain a 3M order/authorization form. **No Safety prescription eyewear may be ordered without this form.**
2. 3M offers Eye Care Professional optician dispensing locations across your geographic area. These locations may be accessed through the web site at [www.3M.com/safetyrx](http://www.3M.com/safetyrx). Select the Eye Care Professional Locator option and follow the online instructions. You will need to take the 3M Order/Authorization form to one of the Eye Care Professionals (ECP). **Safety eyewear may only be ordered from these locations.**
3. The ECP will assist you with frame and lens selection, complete the order form and place the order with 3M.
4. The completed eyewear will be shipped directly to the Eye Care Professional location where the order was placed. They will contact you when eyewear is ready to pickup. Please allow 2 weeks for delivery.
5. **Employee Co-Payments:** If you decide to upgrade your eyewear purchase beyond your company paid options you will be required to co-pay for such items. These co-payment's must be paid at the time of order and accompany the order to 3M. 3M accepts the following credit/debit cards for payment: Visa, MasterCard, Discover and American Express. Please refer to page two of these instructions for 3M's Credit Card Security procedures.

## Eye Care Professional Instructions:

- ❖ This employee is in need of safety prescription eyewear through 3M.
- ❖ If an eye exam is performed payment for the exam is the responsibility of the employee.
- ❖ Complete the Ship To portion on the 3M order form with your office's information. Be sure to include your 3M account number. The account number will ensure that the completed order is shipped to the correct ECP location and that prompt and accurate payment of your dispensing fee is made.
- ❖ All co-pays are paid at the time of order and must accompany the order to 3M. Please be sure to add the appropriate sales tax (where applicable) to all employee paid options. Credit/Debit card payments must use Secure Credit Card ID# in place of actual card information.
- ❖ 3M will ship the eyewear directly to your office for delivery to the employee. Please contact the employee directly to schedule delivery and final adjustment of eyewear.
- ❖ Please contact 3M customer service 800.982.2828 if you have any questions. We appreciate your continued support.



3M Occupational Health and  
Environmental Safety Division

3M Company  
Occupational Prescription Eyewear  
5457 West 79<sup>th</sup> Street  
Indianapolis, IN 46268

## Personal Credit Card User Information

To adhere to the Federal Banking regulations 3M does not accept order forms containing actual credit card information. Please follow the directions below for proper processing of your order.

**Note:** Please disregard these instructions if your payment is made with a personal check or money order.

There are two options you may use to obtain your Secure CC ID Number:

### Option 1 - Web Based

- Access web site at [www.aosafetysrx.com/secure\\_id](http://www.aosafetysrx.com/secure_id)
- *Enter* Credit Card number
- *Enter* Credit Card expiration date
- *Enter* Card Holder's name as it appears on the card
- *Enter* Card Holder's email address; receipt will be sent via email to card holder for expense reporting \*
- *Enter* Card Holder's contact telephone number
- *Enter* Card Holder's billing address, including city, state and zip code
- *Select* AUTHORIZE to obtain your Secure CC ID number;  
—You can write this number down in the Secure Credit Card ID section on your 3M order form or if you provided an e-mail address, an e-mail will be sent to you with your CC ID number which can be printed. You will need to bring this number with you when you order your eyewear.

Please note: If you have a need to use multiple credit cards for your purchase/s, you will need a separate Secure CC ID Number for each card. Select **Submit Another** to obtain a second Secure CC ID Number for a different credit card.

**\* If a receipt is required for your purchase the web based option must be used**

### Option 2 - Telephone Access

- *Dial* toll-free number 866.235.5506
- *Select* Option 2 for a Secure Credit Card ID Number.
- *Enter* Credit Card number followed by the # sign
- *Enter* Credit Card expiration date; format should be MMYYYY
- *Enter* Card Holder's billing zip code
- You will be provided with a Secure CC ID Number; write this number down and bring it with you to the Eye Care Professional (optician)—You can write the Secure CC ID Number on the order form in the Secure Credit Card ID section

**\* The Option 2 will not provide you with a receipt for your purchase. Please refer to Option 1.**

**IMPORTANT NOTE: The Secure CC ID Number process does not charge anything to your Credit Card. Appropriate charges will be applied to your credit card after you have selected your eyewear with the Eye Care Professional (optician) and only if your eyewear selection includes co-pay items.**



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