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Prescription Eyewear - Order Form

1728 West Frisco
Chickasha, OK 73018

401 East Jefferson
Plymouth, IN 46563

Tel: 800.982.2828

Fax: 800.945.2828

Who-Pays: (C)ompany, (E)mpty, (N)ot allowed. REQ: Required.

* See special instructions.

Order Date
(mm/dd/yy)

Order Form#

Index#

Supervisor Name

EMP LAST NAME

(Required)

EMP FIRST NAME

(Required)

Employee ID#

Dept

Phone (empl/fax)

Co-Pay Type (VI,MC,DI,AX)

Co-Pay Amt:

Credit Card#

CC Exp
(mm/yy)

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

<input type="checkbox"/> Lenses Only		<input type="checkbox"/> Patient's Own Frame		<input type="checkbox"/> Frame Only		
Lens Style	<input type="checkbox"/> Single Vision		Progressives			
	<input type="checkbox"/> BiFocal	<input type="checkbox"/> 28 <input type="checkbox"/> 35	<input type="checkbox"/> AO TruVision	<input type="checkbox"/> Outlook		
	<input type="checkbox"/> TriFocal	<input type="checkbox"/> 28 <input type="checkbox"/> 35	<input type="checkbox"/> AO Pro	<input type="checkbox"/> Sola Visuality		
	<input type="checkbox"/> Occupational	<input type="checkbox"/> 14 mm <input type="checkbox"/> 15mm <input type="checkbox"/> 28 <input type="checkbox"/> 35	<input type="checkbox"/> AO Easy	<input type="checkbox"/> AO Compact		
		<input type="checkbox"/> Other	<input type="checkbox"/> AO b'Active			
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					
	Tint & Coating					
	<input type="checkbox"/> Clear	<input type="checkbox"/> Polarized	<input type="checkbox"/> SuperCote			
	<input type="checkbox"/> Tint	<input type="checkbox"/> Scratch Resistant Coating	<input type="checkbox"/> SuperCote AR			
	<input type="checkbox"/> Photochromic	<input type="checkbox"/> UV	<input type="checkbox"/> Other (Describe Below)			
	<input type="checkbox"/> Transitions	<input type="checkbox"/> Anti-Reflective				
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

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

Frame Groups

	Who Pays	R EQ	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	E		20.00
Sun-Clips	NA		

Lens Styles

	Who Pays	R EQ	CoPay Amt
Single Vision	C		.00
BiFocal	C		.00
TriFocal	C		.00
Base Truvision, Visuality Outlook	C		.00
I AO Pro	C		.00
II XL/VIP, SolaMax, AO Compact Image	C		.00
III b'Active, Easy, XL/VIP Gold Illumina	C		.00
IV Sola One	C		.00
V Zeiss GT2	E		125.00

Please call 800.982.2828 for progressives not listed

Lens Materials

	Who Pays	R EQ	CoPay Amt
Polycarbonate	C		.00
PolyIR XTreme SV	C		.00
PolyIR XTreme PAL-Add to Image Glass	C		.00
Plastic CR-39	C		.00
High-Index	C		.00
Mid-Index	C		.00
Trivex SV, Bifocal	E		25.00
Trivex Progressive	E		50.00

Lens Options

	Who Pays	R EQ	CoPay Amt
Photochromic	C		.00
Transitions, LifeRx	C		.00
Intimidator Polar Poly Mirror	C		.00
Polarized	C		.00

Tints & Coatings

	Who Pays	R EQ	CoPay Amt
Tint Shade 1	C		.00
Tint Shade 2	C		.00
Tint Shade 3	C		.00
UV	C		.00
Scratch Resistant Coating	C		.00
A/R Coating	C		.00
SuperCote	C		.00
SuperCote A/R	C		.00

Other Options

	Who Pays	R EQ	CoPay Amt
Specialty Lenses	C		.00
Occupational	C		.00
Full Line BiFocal	C		.00
Full Line TriFocal	C		.00

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

Side Shields

	Extra Pairs	Who Pays	R EQ	CoPay Amt
Permanent Detachable		Y		

Dispensing

	Who Pays	R EQ	CoPay Amt
Dispensing Fee	C		
If Dispensing Fee is employee paid, collect at time of order			
Employee co-payments by credit card are due at time of order and may be faxed to: 800.945.2828.			

* Credit Card Authorization

Signature

Supervisor / Contact

Phone

Signature

Doctor / Optician

Phone

Fax

Signature