

EMPLOYER AUTHORIZATION

AUTHORIZATION SIGNATURE (Print and Sign) _____

AUTHORIZATION DATE *This form expires 30 days after authorization* _____

EMPLOYEE NAME (LAST, FIRST) _____
 EMPLOYEE COST CTR/DEPT/LOCATION _____
 EMPLOYEE ID NUMBER _____
 EMPLOYEE PHONE NUMBER _____

DISPENSING LOCATION *Account#* _____
eyecare provider's name, address, and phone number _____
 Dispensing Service Date: _____

PAYMENT RESPONSIBILITY (-Y-) ALLOWED (N) NOT ALLOWED

Walman Optical Safety Eyewear Package Wholesale

	EMPLOYER <i>pays Walman</i>	EMPLOYEE <i>pays ECP or Walman</i>	EMPLOYER <i>pays Walman</i>	EMPLOYEE <i>pays ECP or Walman</i>
LENS STYLE			LENS ENHANCEMENT	
SINGLE VISION	-Y-		NON-GLARE Sentinel+UV	\$65
SINGLE VISION DIGITAL	\$35	\$25	HARDCOAT SCRATCH PROTECTION TD2 Hardcoat	\$28
LINED BIFOCAL OR TRIFOCAL	-Y-		ANTI-FOG NON-GLARE Crizal Optifog	\$85
UNITY VIA PROGRESSIVE	\$60	\$85	ANTI-FOG HARDCOAT Fogless	\$38
OTHER DIGITAL PROGRESSIVE	\$60	\$170	TRANSITIONS Photochromic	\$78
DOUBLE SEGMENT BIFOCAL	\$60	\$50	SOLID TINT INDOOR Shade #1 or Lighter	-Y-
LENS MATERIAL			SOLID TINT INDOOR Shade #2	-Y-
TRIVEX 1.53		\$38	BLUTECH INDOOR	\$48
POLYCARBONATE	-Y-		SOLID TINT OUTDOOR or BRAZING Shade #3 or Darker	\$13
FRAME Z87-2+			POLARIZED	\$62
BASIC GROUP	-Y-		BLUTECH OUTDOOR Polarized 1.56	\$78
GROUP 1 to GROUP 8	Up to \$30	Cost over \$30		
SIDESHIELDS DETACHABLE	-Y-		EYECARE PROVIDER SERVICES	
SIDESHIELDS PERMANENT	-Y-		DISPENSING FEE	20.00

ORDER FORM

*A current eyeglass prescription is required (current eyeglass prescription is not expired and is dated within 2 years).
 Eye examination costs are not part of the safety eyewear program and if needed, the eye examination cost is the employee's responsibility payable to the eyecare provider.*

LENS STYLE AND RX	SPHERE	CYLINDER	AXIS	PRISM
SINGLE VISION _____	R _____			
DIGITAL SV _____ ~Specify OC Height for digital SV	L _____			
LINED MULTIFOCAL _____	ADD _____	SEG HT _____	OC HT _____	DIST PD _____
DOUBLE SEG _____	R _____			NEAR PD _____
UNITY VIA _____ REGULAR, SHORT, WRAP, OFFICE ~specify WRAP for 8 base frame styles	L _____			
OTHER _____				
LENS MATERIAL	TRIVEX 1.53 _____	POLYCARBONATE _____	CR-39 PLASTIC _____	
LENS ENHANCEMENT <i>Note: non-glare and hardcoat options cannot be combined</i>				
NON-GLARE	Sentinel+UV _____	Crizal Optifog anti-fog non-glare _____	HCW scratch warranty with non-glare _____	
	~Purchase of a non-glare requires the purchase of a hardcoat warranty for the scratch warranty to apply.			
HARDCOAT	TD2 Hardcoat _____	Fogless anti-fog hardcoat _____		
	~Scratch warranty is included with the purchase of TD2 hardcoat or Fogless anti-fog hardcoat.			
TRANSITIONS	Gray _____	Brown _____	Other _____	
SOLID TINT INDOOR	specify color _____	1/2 _____	#1 _____ #2 _____	BLUTECH Poly _____ 1.56 _____
OUTDOOR/BRAZING/WELDING	specify color _____	Solid#3 _____	Polarized#3 _____	BLUTECH Polarized _____
FRAME INFORMATION Z87-2+	LENSES ONLY _____	CSIZE _____	LAB TO SUPPLY FRAME _____	
	FRAME TO COME TO LAB _____	FRAME ENCLOSED W/FORM _____		
MANUFACTURER	FRAME NAME	COLOR	SIZE	
SIDESHIELDS	PERMANENT _____	DETACHABLE _____	ADDITIONAL PAIR SHIELDS _____	

EMPLOYEE PORTION

Enter any amount that is not covered by the employer.

LENS STYLE \$ _____
 LENS MATERIAL \$ _____
 COLOR \$ _____
 COAT \$ _____
 COAT \$ _____
 FRAME \$ _____
EMPLOYEE PORTION TOTAL \$ _____

Prescription Warranty: Lens replacement if prescription change within 60 days of invoice date.
 Measurement Error (Pd Or Segment Height): Lens replacement if dispensing error within 60 days of invoice date.
 Manufacturer Warranty: Lens or frame replacement if manufacturer defect within 1 year of invoice date. ~Scratches are not a manufacturer defect.
 Scratch Warranty With Hardcoat Purchase: One-time lens replacement if scratched for any reason within 1 year of invoice date.
 No Returns, Refunds or Restyling:
 ~Any lenses replaced under warranty must be in the original frame purchased.
 ~No frame changes; prescription lenses are customized to each frame ordered.
 ~No cancellations; full cost is due if order has been started in the laboratory.

INSTRUCTIONS: Walman Optical bills the employer for the cost of single vision, bifocal, or trifocal lenses, a safety frame through GROUP 2, sideshields, the dispensing fee, and the handling charge. All ANSI approved frame and lens options are allowed. **Difference in cost for progressive lenses over the lined multifocal package price, frame cost over \$30, and cost for allowed lens options not covered by the employer are the employee's responsibility payable to the eyecare provider. Walman Optical bills the eyecare provider for these costs to be collected from the patient.**

Walman Optical reimburses the eyecare provider the \$20 dispensing fee paid by the employer. Enter your office information, enter the prescription and order detail, and determine any employee portion. Fax this completed form to the lab for fabrication. The complete safety eyewear is mailed to the eyecare provider for Rx verification and a proper fitting.