### EMPLOYER AUTHORIZATION

**AUTHORIZED SIGNATURE (Print and Sign)**

**PAYMENT RESPONSIBILITY**

<table>
<thead>
<tr>
<th>LENS STYLE AND RX</th>
<th>SPHERE</th>
<th>CYLINDER</th>
<th>AXIS</th>
<th>PRISM</th>
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<tbody>
<tr>
<td>SINGLE VISION D</td>
<td>R</td>
<td>L</td>
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<tr>
<td>LINED BIFOCAL OR TRIFOCAL</td>
<td>R</td>
<td>L</td>
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<td>UNITY VIA PROGRESSIVE</td>
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<tr>
<td>OTHER DIGITAL PROGRESSIVE</td>
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<tr>
<td>DOUBLE SEGMENT BIFOCAL</td>
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**LENS MATERIAL**

- TRIVEX 1.53
- POLYCARBONATE

**LENS ENHANCEMENT**

- NON-GLARE: Sentinel+UV
- HARDCOAT: Scratch Protection TD2 Hardcoat
- ANTI-FOG: Hardcoat Fogless
- TRANSITIONS: Photochromic
- SOLID TINT INDOOR Shade #2
- TRANSITIONS: Indoor/Outdoor or BRAZING Shade #3 or Darker
- BLUTECH: INDOOR
- POLARIZED:
- BLUTECH OUTDOOR: Polarized 1.56
- SOLID TINT OUTDOOR or BRAZING Shade #3 or Darker
- SOFT TINT INDOOR Shade #2

**FRAME**

- Z87.2+ (BASIC) GROUP
- FRAME 2+ (GROUP 8)

**SIDESHIELDS**

- DETACHABLE
- PERMANENT

**EYECARE PROVIDER SERVICES**

- DISPENSING FEE
- $20.00

### ORDER FORM

**LENS STYLE**

- Digital S
- Lined Multifocal
- Double Seg

**LENS MATERIAL**

- TRIVEX 1.53
- POLYCARBONATE

**LENS ENHANCEMENT**

- Sentinel+UV
- Hardcoat Scratch Protection

**FRAME INFORMATION**

- LENSES ONLY
- LAB TO SUPPLY FRAME
- FRAME TO COME TO LAB

**MANUFACTURER**

- FRAME NAME
- COLOR

**SIDESHIELDS**

- DETACHABLE
- PERMANENT

### 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 line 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 provides 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 proper fitting.