



Please Fax or Email Form To:
 800-553-1730 or essilorpresdataentry@essilorusa.com
 Bell Optical - Columbus, OH

1. PRESCRIPTION

Date: _____
 Employee Name: _____

Location (REQUIRED): _____

Sphere	Cylinder	Axis	Prescribed Prism	
			In	Out
R			Up	Down
L				
	Add	Height	Dist. - PD - Near	
R				
L				
	Base Curve	OC Height	Bifocals (Please Indicate Style)	
R			Trifocals (Please Indicate Style)	
L			Progressives (Please Indicate Style)	
Circle One	Supply Frame to Follow	Frame Enclosed Lenses Only	Tints/Photochromics	
Frame Name			Transitions@ VII	
Frame Color			Items NOT Allowed	
Eye Size			Glass & Plastic Lenses	
Bridge			All Lens & Frame Options Not Listed	
Temple Length			Tints/Polarized	
Sideshields			ECP Account:	
Special Instructions			Company Account: 19829	

Ask your eyecare professional about:
TD2 OPTIFOG™ CRIZAL™ an Essilor Lens VARILUX™

Office Name _____ Phone _____
 Address _____
 City/State/Zip _____

Safety glasses must meet ANSI Z87.1-2015 standards.

***** EYECARE PROVIDER *** Make ALL Order Selections on the LEFT SIDE OF THIS FORM**

Frame Options	Allowed - \$140 Max Pay	Not Allowed
Basic	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Thinly	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Economy	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fashion	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deluxe	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Premium 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Frame Styles are Not Allowed		
Employees performing qualified electrical work, must select non-conductive frames.		
Lens Styles	Allowed - \$140 Max Pay	Not Allowed
Single Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bifocal/trifocal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Base Progressive	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Lens Style are Not Allowed		
Lens Material	Allowed - \$140 Max Pay	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Glass	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Coatings		
TD2@w/Optifog™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other Coatings are Not Allowed		
Lens Color	Allowed - \$140 Max Pay	Not Allowed
All Tint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transitions@ VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
All Polarized Lenses	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Miscellaneous		
Dispense Fee \$25.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Perm Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detach Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Price List - Group 202
 Split Bill to Company and Eyecare Provider
 Effective Date - 6/2/2017
Magid Glove / STERIS Applied Sterilization Technologies
 Mentor, OH
 If you have questions regarding job status call the lab at: 800-543-4864.
 If you have any Program Related Questions call the sales office at: 800-553-9705.

Instructions
 * Current Prescription (within 2 yrs or expiration date) required.
 * Obtain/Bring prescription to eyecare provider.
 * Eyecare provider must order, dispense and fit glasses.
Special Instructions
 * STERIS will pay \$140 toward the total cost of safety glasses.
 * Any amount not covered, employee **MUST** pay directly to eyecare provider.
 * Employees are allowed prescription safety glasses every year.
 * Employees performing qualified electrical work, must select non-conductive frames.
 * Options Not Listed are Not Allowed.
Lens Material Note
 * STERIS requires and Essilor strongly recommends the use of polycarbonate for the best protection.
 * Note: Standard plastic and glass lenses are "Basic Impact Rated" protection only and do not meet the "High Impact Rated" requirements of ANSI Z87.1-2015.
Ordering/Shipping
 * Eyecare provider will order glasses and will receive completed glasses.
 * Employee needs to be fit properly by eyecare provider.
Misc. Fees
 * Magid Glove will bill STERIS \$25 toward the dispensing fee. Essilor will reimburse the eyecare provider \$25.
 * Eyecare provider will collect any exam fees directly from the employee or any insurance, if applicable.

OPTIONS NOT LISTED ARE NOT ALLOWED