**PRESCRIPTION SAFETY GLASSES ORDER FORM**

MIT OPTICAL SHOPW20-024

PATIENT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE OF FITTING\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DLC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| THIS SECTION ONLY TO BE FILLED OUT BY SUPERVISORSUPERVISOR/PI-NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE EXT.\_\_\_\_\_\_\_\_\_\_\_CONTACT FOR BILLING: Shannon Wagner wagners@mit.edu 617.258.7492 18-393COST OBJECT: 1512000 GL ACCOUNT: 420336  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PD | SPH | CYL | AXIS | PRISM | NOTES |
| D / | OD |  | X |  |  |
| N / | OS |  | X |  |
| ADD | OC | SEG |  |

|  |
| --- |
| LENS OPTIONS |
| LENS | TINT | TRANSITION | POLARIZED | ANTI-REFLECTIVE |  |

|  |  |  |
| --- | --- | --- |
| COST COVERED BY DLC |  | ADDITIONAL COST: PAID BY PATIENT |
| SINGLE VISION (SV)BIFOCAL FT 28 / 35PROGRESSIVE |  | COLORDENSITY$15.00 | GREYBROWN$80.00 | GREYBROWN$80.00 | CRIZAL EASY$80.00 | OPTION TOTAL$ |

|  |
| --- |
| FRAME OPTIONS  |
| MAKE/STYLE | COLOR | A | BR | B | ED |  |

|  |  |  |
| --- | --- | --- |
| COST COVERED BY DLC |  | ADDITIONAL COST: PAID BY PATIENT |
| A |  | B$25.00 | C$35.00 | D$45.00 | E$55.00 | OPTIONTOTAL$ |

DLC WILL PAY FOR THESE EXTRAS (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT DUE BY PATIENT WHEN ORDER IS PLACED $ VISA-MC-DISC-CK-CASH