**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 SUPERVISOR  SUPERVISOR/PI-NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE EXT.\_\_\_\_\_\_\_\_\_\_\_  CONTACT FOR BILLING:  Shannon Wagner wagners@mit.edu 617.258.7492 18-393  COST 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 / 35  PROGRESSIVE |  | COLOR  DENSITY  $15.00 | GREY  BROWN  $80.00 | GREY  BROWN  $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 | OPTION  TOTAL  $ |

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

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