



Please Fax **ENTIRE** Form To:
800-647-6968
Twin City Optical - Louisville, KY

Bill Company Full
 Price List - Group 250

SLAC National Accelerator Laboratory
2575 Sand Hill Road, Menlo Park, CA 94025

Effective Date - 4/3/2009

If you have any questions regarding this program, call the Dispensers Optical / Essilor Laboratory Safety Eyewear Customer Service at 800-647-6970.

Account# **13305** Date _____

Employee Name: _____

SLAC ID# _____

	Sphere	Cylinder	Axis	Prescribed Prism			
				In	Out	Up	Down
R							
L							
	Add	Height		Dist - PD -Near			
R							
L							
	Base Curve	OC Height	Bifocals (Please Indicate Style)				
R							
L			Trifocals (Please Indicate Style)				
Circle One	Supply Frame	Frame Enclosed	Progressives (Please Indicate Style)				
	Frame to Follow	Lenses Only					
Frame Name							
Frame Color							
Eye Size		Bridge	Tpl Lngth	Sideshields Permanent Only			
Special Instructions							

Lens Options

Lens Materials

Polycarbonate Required

Scratch Coatings

TD2
Other

AR Coatings

Other

Tints/Photochromics

Items NOT Allowed

For Lab Use Only

Ship to: _____

Bill To: 13305

Lens Choice	Company	Employee Pay	Not Allowed
Single Vision	<input type="checkbox"/>	\$18.00	<input type="checkbox"/>
Bifocal	<input type="checkbox"/>	\$29.00	<input type="checkbox"/>
Trifocal	<input type="checkbox"/>	\$35.00	<input type="checkbox"/>
AO Pro	<input type="checkbox"/>	\$53.00	<input type="checkbox"/>
Level 1 Prog	<input type="checkbox"/>	\$73.00	<input type="checkbox"/>
Level 2 Prog	<input type="checkbox"/>	\$88.00	<input type="checkbox"/>
Level 3 Prog	<input type="checkbox"/>	\$103.00	<input type="checkbox"/>
Frame Options	Company	Employee Pay	Not Allowed
Standard	<input checked="" type="checkbox"/>	\$0.00	<input type="checkbox"/>
Group #1	<input type="checkbox"/>	\$10.00	<input type="checkbox"/>
Group #2	<input type="checkbox"/>	\$16.00	<input type="checkbox"/>
Group #3	<input type="checkbox"/>	\$21.00	<input type="checkbox"/>
Group #4	<input type="checkbox"/>	\$26.00	<input type="checkbox"/>
Group #5	<input type="checkbox"/>	\$36.00	<input type="checkbox"/>
Group #6	<input type="checkbox"/>	\$40.00	<input type="checkbox"/>
Group #7	<input type="checkbox"/>	\$65.00	<input type="checkbox"/>
Sideshields	Company	Employee Pay	Optional
Perm. Sideshields	<input type="checkbox"/>	\$2.00	<input type="checkbox"/>
Det. Sideshields	<input type="checkbox"/>		<input type="checkbox"/>
Lens Material	Company	Allowed	Not Allowed
Polycarbonate	<input type="checkbox"/>	\$4.00	<input type="checkbox"/>
Plastic	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Glass	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Miscellaneous	Company	Employee Pay	
Dispensing Fee		\$45	
Options/Enhancements	Company	Employee Pay	Not Allowed
Tint	<input type="checkbox"/>	\$5.00	<input type="checkbox"/>
Photochromic (Glass)	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Transitions®	<input type="checkbox"/>	\$40.00	<input type="checkbox"/>
Anti Reflection	<input type="checkbox"/>	\$20.00	<input type="checkbox"/>
Polarized	<input type="checkbox"/>	\$40.00	<input type="checkbox"/>
Roll/Polish	<input type="checkbox"/>	\$5.00	<input type="checkbox"/>
Glass Coating	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Hi Index	<input type="checkbox"/>	\$40.00	<input type="checkbox"/>
Rimless Edging	<input type="checkbox"/>	\$10.00	<input type="checkbox"/>
PhotoGray/Brown	<input type="checkbox"/>		<input checked="" type="checkbox"/>
Polaroid	<input type="checkbox"/>	\$40.00	<input type="checkbox"/>

Instructions

* Current prescription required
 * Call Stanford Optical for an appointment at 650-736-0566 ext 4

* Employee Pays the entire total at time of order employee will be reimbursed for ANSI approved safety glasses up to: \$125.00 SV, \$150.00 Bif, \$175.00 Tri / Prog. Give employee copy of form for receipt.

Lens Material Note

* S.L.A.C. Requires and Essilor strongly recommend the use of polycarbonate for the best protection.
 * Note: Standard plastic and glass lenses are "Basic Impact" protection only and do not meet the "High Impact" requirements of ANSI Z87.1-2003.

Misc. Fees

* Provider will collect all dispensing fees from employee.
 * Eyecare provider will collect any exam fees directly from the employee or any insurance.

Copay Due

Amx Visa MasterCard

Credit Card # _____

Exp. Date _____

Signature _____

Ask your eyecare professional about:



Acct# _____ Office Name: _____

Address: (Please Print) _____ Telephone _____

City/State/Zip _____

Safety glasses must meet ANSI Z87.1-2003 standards.

Company Authorization:

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