



Creating Materials & Energy Solutions
U.S. DEPARTMENT OF ENERGY

Instruction for Prescription Safety Eyewear

To obtain prescription eyewear:

- 1) Ensure your prescription is current (less than 2 years old)
- 2) Print the attached Essilor Charge Authorization Form and Essilor Order Form.
- 3) Take your current prescription, the order form and the charge authorization form to McFarland Clinic Duff Avenue Eye Center located at 1128 Duff Ave, Ames, IA 50010 (Hours M-F, 8 a.m. to 5 p.m.).
- 4) The McFarland staff at the Eye Center will have a sample tray of frames to choose for your prescription and help you to determine what options to select.
- 5) Provide the Order form to the McFarland Staff and they will fill it out according to your selections, place your order and notify you when your eyewear is ready to be picked up at McFarland Clinic.
- 6) While you are at McFarland Eye Clinic you will also fill out the Employee Payment Form with your personal credit card information. (You may not use your Ames Lab Credit Card) Remember to provide your email address on the form so that you will get an itemized receipt. This is required in order to receive your reimbursement from Ames Laboratory.
- 7) To start the reimbursement process, create an Ames Lab Purchase Requisition form. This form can be found on the Ames Lab website.
- 8) Bring the requisition with your itemized receipt (emailed to you from Essilor) to Purchasing (211 TASF). Purchasing will route the requisition for approvals and the employee will receive reimbursement within 2-3 weeks.

Reimbursement guide:

- Frames up to \$10 will be reimbursed by Ames Laboratory. Other frames are available above \$10; employee will pay all frame costs above \$10.
- Standard Polycarbonate (No glass lenses allowed) Single Vision, Bi-Focal, and Trifocal Lenses will be reimbursed by Ames Laboratory.
- CZL Easy UV coating will be reimbursed (\$48.95).
- Ames Laboratory will pay for progressive lenses (Varilux Comfort Level 1 or Level 2, up to \$75.95)
- Side shields (\$2.00) *are required* and will be reimbursed.
- The Dispensing Fee of \$20.00 and any energy surcharge will be reimbursed by Ames Laboratory.
- Unique medical necessities may warrant special consideration by Ames Laboratory Department/Program and ESH&A regarding reimbursements. Please inquire with your Department/Program and ESH&A *prior to* making your purchase.
- Electrical workers must have non-conductive frames.

NOTES:

Ames Lab Employees may purchase prescription safety glasses for personal use and receive the Essilor contract pricing. These purchases will be entirely at the expense of the employee and a separate Essilor charge authorization form and separate Essilor order form must be used.

For any questions specifically related to credit card charges or for an estimate of any “out of pocket” expenses, please contact the Andy Saxton in the Purchasing Department at 515-294-4191 or saxton@ameslab.gov.

Form, 10200.117

ESH&A Office, 294-2153

Revision 10, Effective Date 11/2014



Please Fax **ENTIRE** Form To:
800-328-9394
Twin City Optical - Cedar Rapids, IA

**INDUSTRIAL
 PRESCRIPTION**

Price List - Group 68
 Bill Company in Full

New Program
 Effective Date - 7/14/14

State of Iowa - EMPLOYEE PAY 100%

If you have any questions regarding this program, call the Essilor Laboratory Safety Eyewear Customer Service at 800-245-5859.

Account#: 19424

Date: _____

Employee Name: _____

	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	Temple Length	Side Shields				
Special Instructions							

Lens Options

Lens Materials
 Polycarbonate Required

Coatings
 TD2@ Coating
 TD2@ w/ OptiFog™
 Sharpview™
 Crizal@ w/ OptiFog™
 Crizal@ Easy UV™
 Crizal@ Alize UV™
 Crizal@ Avance UV™
 Crizal@ Sapphire UV™
 Crizal@ Sunshield UV™
 Crizal@ Sunshield UV™ Mirror

Tints/Photochromics

Items NOT Allowed

For Lab Use Only

Ship to: _____
 Bill to: 19424

Frame Options	Allowed	
Master Agreement 4760-14 only allows these frames.	F9800	C470
	F9900	C650
	F4000	DP720
	F6000	TR301
	FC704	TR303
	FC705	TR307
	FC707	TR309
	FC709	TR310
	SC910	TR311S
	PC266	70F
PC269	EAGLE	EXT10
PC250A / PC250SWA	STEALTH GOGGLE	EXT2
Lens Styles	Allowed	Not Allowed
Single Vision	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Bifocal/Trifocal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 3	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Progressive 4	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens Material	Allowed	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Coatings	Allowed	Not Allowed
TD2@ Coating	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD2@ w/ OptiFog™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Sharpview™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ w/OptiFog™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Easy UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Alize UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Avance UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Sapphire UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Sunshield UV™	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crizal@ Sunshield UV™ Mirror	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lens Color	Allowed	Not Allowed
Solid Tint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Gradient Tint	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Transitions® VII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Polarized	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Miscellaneous	Allowed	Not Allowed
Permanent Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Detachable Sideshields	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dispensing Fee \$20	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Instructions
 * Current Prescription (within 2 yrs.) required.
 * Eyecare provider must order, dispense & fit glasses.

Special Instructions
 * Employee will pay 100% of the cost of safety glasses via personal credit card.
 * ~~ACCOMPLETEDCREDITCARD FORMMUSTBEFAXEDWITH THISORDERTOTHELAB. EYEWEARWILLNOTBE PROCESSEDWITHOUTIT.~~

Lens Material Note
 * Polycarbonate lenses are required for the best protection.
 * Note: Standard plastic and glass lenses are "Non Impact Rated" protection only and do not meet the "Impact Rated" requirements of ANSI Z87.1-2010.

Ordering/Shipping
 * Essilor will bill employee for the \$20 dispensing fee & reimburse the eyecare provider.
 * Eyecare provider will order glasses and will receive completed glasses.

Company Authorization:

Ask your eyecare professional about:



TOUGH • DURABLE • 2-SIDED



an Essilor Lens



Acct#: _____ Office Name: _____

Address: _____ Phone: _____

City/State/Zip: _____

Safety glasses must meet ANSI Z87.1-2010 standards.



ESSILOR LABORATORIES OF AMERICA CHARGE AUTHORIZATION FORM

****PLEASE NOTE: CHARGES WILL SHOW UP
UNDER ESSILOR LABORATORIES IN DALLAS, TX**

Fax complete form along with a copy of the order form to: 877-652-1610

Account Name: State of Iowa

Account No. (11 Digit): TCO Cedar Rapids 40500019424

Patient Name: _____

Card Holder Name: _____

(only if different than patient name)

Card Holder Mailing Address: _____

City: _____ State: _____

Zip: _____

Card Number: _____

Exp. Date: _____

Card Holder Phone Number: _____

Estimated Amount to Charge \$ _____

Email or Fax info for receipt: _____

If you would like a receipt faxed or emailed, please fill in, otherwise leave blank



NOTE: All fields on this form are required to be completed. If any fields are left empty, the order will not be processed until the missing information is obtained.