



Please Fax ENTIRE Form To:
800-553-1730
Omega Optical - Dallas, TX

INDUSTRIAL
PRESCRIPTION

Price List - Group 211
Essilor Bills Company Full/Retiree/Family Pays in Full with
Credit or Debit Card

Effective Date - 1/1/2014
Revision Date - 7/21/2014

Alliant Energy Corporate Services Inc. Retirees & Family

If you have any questions regarding this program, call the Essilor Safety Eyewear Customer Service at 800-366-6342.

Account#: 29402

Date: _____

Retiree/Family Name: _____

*** CREDIT CARD FORM MUST BE SENT WITH ORDER FORM ***

	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	Supply Frame	Frame Enclosed	Progressives (Please Indicate Style)				
One	Frame to Follow	Lenses Only					
Frame Name							
Frame Color							
Eye Size	Bridge	Tpl Length	Sideshields Detachable				
Special Instructions							
<p>COMPLETED ESSILOR CREDIT CARD FORM MUST BE SENT WITH ORDER OR ORDER WILL NOT BE PROCESSED.</p>							

Lens Options

Lens Materials

Polycarbonate Recommended

Coatings

- TD2® Coating
- TD2® w/ OptiFog™
- Crizal® w/ OptiFog™
- Crizal® Easy UV™
- Crizal® Alize UV™
- Crizal® Avance UV™
- Crizal® Sapphire UV™

Tints/Photochromics

Items NOT Allowed

For Lab Use Only

Ship to: _____
Bill to: **29402**

Frame Options

Frame Options	Retiree/Family Pays	Not Allowed
Basic	<input checked="" type="checkbox"/> \$0.00	<input type="checkbox"/>
Thrifty	<input checked="" type="checkbox"/> \$10.95	<input type="checkbox"/>
Economy	<input checked="" type="checkbox"/> \$15.95	<input type="checkbox"/>
Fashion	<input checked="" type="checkbox"/> \$20.95	<input type="checkbox"/>
Deluxe	<input checked="" type="checkbox"/> \$25.95	<input type="checkbox"/>
Premium 1	<input checked="" type="checkbox"/> \$37.95	<input type="checkbox"/>
Premium 2	<input checked="" type="checkbox"/> \$42.95	<input type="checkbox"/>
Premium 3	<input checked="" type="checkbox"/> \$47.95	<input type="checkbox"/>
Titanium 1	<input checked="" type="checkbox"/> \$65.95	<input type="checkbox"/>
Titanium 2	<input checked="" type="checkbox"/> \$75.95	<input type="checkbox"/>
Titanium 3	<input checked="" type="checkbox"/> \$95.95	<input type="checkbox"/>

Lens Styles

Lens Styles	Retiree/Family Pays	Not Allowed
Single Vision	<input checked="" type="checkbox"/> \$14.95	<input type="checkbox"/>
Bifocal/Trifocal (ST25/28)	<input checked="" type="checkbox"/> \$25.95	<input type="checkbox"/>
Base Prog-Ess Natural	<input checked="" type="checkbox"/> \$34.95	<input type="checkbox"/>
Progressive 1	<input checked="" type="checkbox"/> \$49.95	<input type="checkbox"/>
Progressive 2	<input checked="" type="checkbox"/> \$77.95	<input type="checkbox"/>
Progressive 3	<input checked="" type="checkbox"/> \$112.95	<input type="checkbox"/>
Progressive 4	<input checked="" type="checkbox"/> \$122.95	<input type="checkbox"/>
Digital Surface Level 1	<input checked="" type="checkbox"/> \$143.95	<input type="checkbox"/>
Digital Surface Level 2	<input checked="" type="checkbox"/> \$194.95	<input type="checkbox"/>

Lens Material

Lens Material	Retiree/Family Pays	Not Allowed
Polycarbonate	<input checked="" type="checkbox"/> \$0.00	<input type="checkbox"/>
Plastic	<input checked="" type="checkbox"/> \$0.00	<input type="checkbox"/>
Glass	<input checked="" type="checkbox"/> Add SV-\$8, MF-\$15	<input type="checkbox"/>

Coatings

Coatings	Retiree/Family Pays	Not Allowed
TD2® Coating	<input checked="" type="checkbox"/> \$15.00	<input type="checkbox"/>
TD2® w/ OptiFog™	<input checked="" type="checkbox"/> \$30.00	<input type="checkbox"/>
Crizal® w/OptiFog™	<input checked="" type="checkbox"/> \$76.95	<input type="checkbox"/>
Crizal® Easy UV™	<input checked="" type="checkbox"/> \$42.00	<input type="checkbox"/>
Crizal® Alize UV™	<input checked="" type="checkbox"/> \$58.95	<input type="checkbox"/>
Crizal® Avance UV™	<input checked="" type="checkbox"/> \$67.95	<input type="checkbox"/>
Crizal® Sapphire UV™	<input checked="" type="checkbox"/> \$77.95	<input type="checkbox"/>

Lens Color

Lens Color	Retiree/Family Pays	Not Allowed
Solid Tint	<input checked="" type="checkbox"/> \$4.95	<input type="checkbox"/>
Gradient Tint	<input checked="" type="checkbox"/> \$4.95	<input type="checkbox"/>
Transitions® VII	<input checked="" type="checkbox"/> \$43.95	<input type="checkbox"/>
Transitions® XTRActive	<input checked="" type="checkbox"/> \$65.95	<input type="checkbox"/>
Xperio (Polarized)	<input checked="" type="checkbox"/> \$38.95	<input type="checkbox"/>

Miscellaneous

Miscellaneous	Retiree/Family Pays	Not Allowed
Dispensing Fee \$30	<input checked="" type="checkbox"/> \$30.00	<input type="checkbox"/>
Perm/Detach Sideshields	<input checked="" type="checkbox"/> \$2.50	<input type="checkbox"/>
Shipping	<input checked="" type="checkbox"/> \$2.05	<input type="checkbox"/>

Instructions

- * Current Prescription (within 2 yrs or expiration date) required.
- * Bring prescription & this form to eyecare provider.
- * Eyecare provider must order, dispense & fit glasses.

Special Instructions

- * Alliant Energy Retirees & Family will be responsible for the full cost of safety glasses (see items checked in Retiree/Family Pays column)
- * Retiree/Family must complete Essilor Credit Card form and form must be faxed to lab with order form.
- * Order will not be processed without this information.

Lens Material Note

- * Alliant Energy & Essilor strongly recommend 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 Z87.1-2010.

Ordering/Shipping

- * Eyecare provider will order glasses and will receive completed glasses.
- * Retiree/Family needs to be fit properly by eyecare provider.

Misc. Fees

- * Essilor will bill the Retiree/Family \$30 for the dispensing fee. Essilor will reimburse the eyecare provider \$30.
- * Eyecare provider will collect any exam fees directly from the retiree or any insurance, if applicable.

Ask your eyecare professional about:



TOUGH • DURABLE • 2-SIDED



an Essilor Lens



Office Name

Phone:

Address: (Please Print)

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 to: 800-553-1730

Eyecare Office Account Name: _____

Eyecare Office Account # _____

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: _____

Shipping Document Number _____

Essilor will fill in shipping document number

Estimated Amount to Charge \$ _____

Email or Fax info for receipt: _____

(If you would like a receipt 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.