

UMKC Safety Prescription Eyewear Order Form

Employees please fill out areas marked with **

**Employee Name:	**DOB:	MoCode:
**Employee Address:	Supervisor Name:	
**Employee Phone #:	Phone #:	
Ship to: Precision Optics 4181 Broadway Kansas City, MO 64111	Bill to: University of Missouri - Kansas City (UMKC) 015 General Services Building 1011 E 51st St Kansas City, MO 64110	

RX	Sph	Cyl	Axis	Add	Prism	Seg Ht	OC	PD
OD								
OS								

	Frame Groups	Copay		Lens Material	Copay		Focal Type	Copay
<input type="checkbox"/>	Basic	\$0	<input type="checkbox"/>	CR-39	\$0	<input type="checkbox"/>	SV	\$0
<input type="checkbox"/>	Wrap	\$0	<input type="checkbox"/>	Poly	\$0	<input type="checkbox"/>	Lined BF	\$0
<input type="checkbox"/>	Classic	\$25	<input type="checkbox"/>	Trivex	\$45	<input type="checkbox"/>	Lined TF	\$0
<input type="checkbox"/>	Metro	\$35				<input type="checkbox"/>	Double-D BF	\$0
<input type="checkbox"/>	Titanium	\$50				<input type="checkbox"/>	Standard PAL	\$0
Frame Name/Color/Size:						<input type="checkbox"/>	Mid-Tier PAL	\$75
						<input type="checkbox"/>	Premium PAL	\$105

	Lens Coatings	Copay	Supervisor authorizes waiving transition copay					
<input type="checkbox"/>	Transitions	\$60	Sign: _____					
<input type="checkbox"/>	Tint	\$20						
<input type="checkbox"/>	Standard AR	\$46		Side Shields	Copays	Total amount due:		
<input type="checkbox"/>	Premium AR	\$78	<input type="checkbox"/>	Detachable	\$0			
<input type="checkbox"/>	Blue Blocker	\$10	<input type="checkbox"/>	Permanent	\$0			

I authorize this form and itemized bill to be sent to UMKC for payment purposes. I understand that I am responsible for any copays for extras that are not covered by UMKC.

Sign: _____

Date: _____