



Twin City Optical - Louisville, KY

University of Missouri-EHS Dept. Columbia, MO

If you have any questions regarding this program, please contact University Optical at (573) 884-7710.

Account# 565143 Date [1] Employee Name (Please Print): [2] P.O.# C0000043301 Employee ID: [3] Department Name: [4] PS MoCode & Acct: [5] Telephone: [6] Authorized Signer (Please Print): [7] Signature: [8]

Follow MU department instructions to complete this order form at: http://ehs.missouri.edu/ppe/safety-glasses.html

Prescribed Prism table with columns for Sphere, Cylinder, Axis, In, Out, Up, Down, Add, Height, Dist - PD - Near, Base Curve, OC Height, Bifocals, Trifocals, Progressives, Frame Name, Frame Color, Eye Size, Bridge, Tpl Length, Sideshields

Lens Options, Lens Materials, Scratch Coatings, Tints/Photochromics, Sideshields, CHECK ONE (Permanent/Detachable), SHIP TO: University Optical c/o University Hospital One Hospital Drive Room EC102 Columbia, MO 65212

Table with columns: Lens Choice, Company Pays, Copay Due, Not Allowed. Rows include Single Vision, Bifocal, Trifocal, Standard Prog., Premium Prog., Varilux/Zeiss, Dual Seg, Frame Options, Standard, Group #1-7, Miscellaneous, Dispensing Fee, Options/Enhancements, Tint, Photochromic (Glass), Transitions, Anti Reflection, VDT, Executive Multifocals, Double Segs-Plastic, Large Segments, Total.

Instructions: * Current Prescription (within 2 yrs.) required. * University of MO will pay a departmentally approved portion of the safety glasses. * Any amount not covered MUST be paid by employee at time of order, via personal check or credit card. Lens Material Note: * Essilor strongly recommends 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: * University of MO will pay a \$15 dispensing fee. * Eyecare provider will collect any exam fees directly from the employee or any insurance. **Describe the duties you perform which expose you to eye hazards**

Copay Due []

Employee Signature _____

Amx Visa MasterCard Discover

Credit Card # _____

Exp. Date _____

Credit Card Approval _____



TOUGH • DURABLE • 2-SIDED

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

PRESCRIPTION SAFETY EYEWEAR ORDER FORM INSTRUCTIONS

Please provide the required information in the blanks as follows:

Employee & Departmental Information

① Date	The date the form is being completed by the department.
② Employee Name	The first and last name of the staff member needing to order prescription safety eyewear.
③ Employee ID	The MU PeopleSoft EMPLID of the staff member needing to order prescription safety eyewear.
④ Department Name	The proper name of the MU department the staff member is employed by.
⑤ PS MoCode & Acct	The MU PeopleSoft MoCode & Account numbers that will be used to charge back prescription safety eyewear expenses that are billable to the department.
⑥ Telephone	The telephone number where a departmental fiscal contact can be reached during normal business hours.
⑦ Authorized Signer (please print)	The first and last name of the departmental staff member authorizing departmental payment of the prescription safety eyewear expenses for the staff member. (Assure signature authority in PeopleSoft for the MoCode & Account).
⑧ Signature	The signature of the individual listed under Authorized Signer.
⑨ Sideshields	The department should have a standard guideline for either permanently affixing sideshields or allowing detachable sideshields. Check the box that applies for your department.

Lens Choice, Frame Options, Miscellaneous, and Options/Enhancements

① Lens Choice (Company Pays)	Check the boxes for any Lens Choice listed that your department agrees to pay the expense for. MO Senate Bill 519 requires that “one pair of prescription glasses every other year shall be furnished without charge, unless damaged in the course of employment”. The Single, Bifocal, and Trifocal boxes are already marked as “Company Pays”. Check the boxes for any Lens Choice Options listed that your department agrees to pay for the staff member. If “Company Pays” box is unchecked the staff member will be responsible for any additional Lens Choice options they select at the time the order is placed.
② Lens Choice (Not Allowed)	Departments should check the box at the end of the row if they choose <u>not</u> to allow the Lens Choice. Check the checkbox for each row individually.
③ Frame Options (Company Pays)	Check the boxes for any Frame Options listed that your department agrees to pay for the staff member. If the

	<p>“Company Pays” box is unchecked the staff member will be responsible for any additional Frame Options they select at the time of the order is placed.</p> <p>NOTE: There are several chooses of Standard Frame Options that are free of charge.</p>
<p>4 Frame Options (Not Allowed)</p>	<p>Departments should check the box at the end of the row if they choose <u>not</u> to allow the Frame Option. Check the checkbox for each row individually.</p>
<p>5 Options/Enhancements (Company Pays)</p>	<p>Check the boxes for any Options/Enhancements listed that your department agrees to pay for the staff member. If “Company Pays” box is unchecked the staff member will be responsible for any additional Options/Enhancements Options they select at the time the order is placed.</p>
<p>6 Options/Enhancements (Not Allowed)</p>	<p>Departments should check the box at the end of the row if they choose <u>not</u> to allow the Option/Enhancement. Check the checkbox for each row individually.</p>

Description of duties you perform which expose you to eye hazards

<p>7 Describe Duties</p>	<p>Provide short description(s) of duties the staff member performs which expose him/her to eye hazards.</p>
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