

**Bold Boxed Areas MUST Be Completed To Process This Order.**



Division of Parmelee Industries, Inc.

8101 LENEXA DRIVE  
P.O. BOX 15965  
LENEXA, KS 66285-5965  
913-599-5555  
1-800-821-5218

Rx FAX 1-800-428-7304  
1-800-252-5002

in Kansas  
FAX 1-913-599-1703

**S** DR EDWARD COOPER  
**H** FOR: UC RIVERSIDE  
**I** 1345 UNIVERISTY AVE #B  
**P** RIVERSIDE CA 92507

**B** THERMO FISHER SCIENTIFIC  
**I** ATTN: FAULETTE MORRIS A/P  
**L** 4500 TURNBERRY DR  
**L** HANOVER PARK IL 60133

**Sample Only**

Please obtain original forms at our office, or contact [ehs@ucr.edu](mailto:ehs@ucr.edu) (951) 827-5528 with your mailing address.

**To Be Completed by Safety Dept.**

Employee Last Name \_\_\_\_\_ First Name \_\_\_\_\_ P.O. NO. \_\_\_\_\_  
CLOCK / ID NO. \_\_\_\_\_ REL. NO. \_\_\_\_\_  
DEPT. \_\_\_\_\_ SEMS AUTH. \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMPLOYEE TEL. NO. ( ) \_\_\_\_\_

**Lens**  SAF-I-VISION®  OPTILITE®  Glass  Clear  
**Material** Polycarbonate (CR39) Plastic  
Note: If polycarbonate is not available Optilite will be furnished

**Coatings**  
 Standard Anti-Reflective  UV400 (Std. on polycarbonate)  
 Coat Anti-Reflective  Scratch Resistant (Std. on polycarbonate)  
 Photochromic (glass)  Transitions Brown / Gray (circle one)  
 Transitions Brown / Gray (circle one)

**Frame** \_\_\_\_\_ **Color** \_\_\_\_\_ **Temp. Length** \_\_\_\_\_ **Temp. Carri** \_\_\_\_\_  
 Rx Insert - \_\_\_\_\_ Rx Carri \_\_\_\_\_  
 Unifit  Permanent Flat  T-Loc (Only available on Timus frames)  
 Adj. Pads  Detachable Flat  40 Wire Mesh Cup

	Sphere	Cyl.	Axis	Prism	Base	Dec. (In-Out)	PD	
Distance	R						Far	Near
	L							
Near	R							
	L							

**Add** \_\_\_\_\_ **Hgt** \_\_\_\_\_ **Seg** \_\_\_\_\_ **Sp** \_\_\_\_\_ **Bifocals** \_\_\_\_\_ **Double Segment** \_\_\_\_\_  
FLAT TOP FLAT TOP FLAT TOP  
 28  8 x 28  28  
 35  8 x 35  35  
 Full Width  14 x 35  Non-Std Sep.

**PROGRESSIVE**  
 Standard Progressive  
Desc: \_\_\_\_\_

The "US" trademark on the lenses indicates compliance with the requirements of ANSI Z87.1 & ANSI Z80.1

**CREDIT CARD INFORMATION:** ( ) VISA ( ) MC ( ) AMEX **AMOUNT**  
Card Number \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Expiration Date \_\_\_\_\_  Check Enclosed

Doctor/Optician Name (Printed) \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

**CUSTOMER I.D.** **INVOICENUMBER**  
166555-801-310 1669859

PLEASE DO NOT USE

FAX OR MAIL ORIGINAL TO U.S. SAFETY  
USE ONE ORIGINAL FORM PER ORDER

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DEPT. \_\_\_\_\_ SEMS AUTH. \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMPLOYEE TEL. NO. ( ) \_\_\_\_\_

Lens  SAF-I-VISION®  OPTILITE®  Glass  Clear  
Material Polycarbonate (CR39) Plastic  
Note: If polycarbonate is not available, Optilite will be furnished  
Coatings  Standard Anti-Reflective  UV400 (Std. on polycarbonate)  
 Multi-Coat Anti-Reflective  Match Distortion on Polycarbonate  
Frame Style \_\_\_\_\_ Frame Color \_\_\_\_\_ Temple Length \_\_\_\_\_  
 Rx Insert - see insert center

Eye Size \_\_\_\_\_ Bridge Size \_\_\_\_\_ Bridge Style  Unifit  Permanent Flatfold  40 Wire Mesh Cup  
 Adj. Pads  Detachable Flatfold

Sphere Cyl. Axis Prism Base Dec. (In-Out) PD Far Near

R									
L									

Add Seg Hgt Width Dec. Bifocal FLAT TOP Double Segment FLAT TOP

R								
L								

28  35  Full Width  8 x 28  8 x 35  14 x 35  28  35 Non-Std Sep.

PROGRESSIVE  Standard Progressive

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Desc: \_\_\_\_\_

CREDIT CARD INFORMATION: ( ) VISA ( ) MC ( ) AMEX AMOUNT

Card Number \_\_\_\_\_  
Name on Card \_\_\_\_\_  
Expiration Date \_\_\_\_\_  Check Enclosed

Doctor/Optician Name (Printed) \_\_\_\_\_ Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

CUSTOMER I.D. 166555-801-310 INVOICE NUMBER 1669812

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# Prescription Safety Eyewear Program

Passport Rx Program, US Safety for the University of California, Riverside

## Eligibility

Employees are eligible for 1 pair of prescription safety eyewear per year

## Safety Standards set by EH&S

- ✓ Lenses meets ANSI high-impact standards
- ✓ Polycarbonate lenses whenever possible
- ✓ Permanent side shields

## Procedure

- ✓ Employees will need a current vision prescription (within the last year)
- ✓ If they do not have a current prescription, The Vision Care Professional will perform an eye examination (This service is not part of the safety eyewear program and will be billed directly to the employee. Currently we are using Dr. Cooper, who is part of the VSP Vision Plan)
- ✓ The department representative fills out the following information on the order form:

1. Employee's first and last name
2. A Department Authorized Purchase Order number (DAPO)
3. Employee's ID number
4. Department
5. Employer (University of California, Riverside or UCR)
6. Employee Contact Number

- ✓ The employee takes his/her vision prescription and the completed order form to Dr. Cooper to select the frames and submit the paperwork.
- ✓ The employee will be contacted by Dr. Cooper's office when the glasses are ready.
- ✓ The employee will return to his office to be fitted with the glasses.

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DEPT. \_\_\_\_\_ SEMS AUTH. \_\_\_\_\_  
EMPLOYER \_\_\_\_\_ EMPLOYEE TEL. NO. \_\_\_\_\_  
( ) \_\_\_\_\_

**Lens**  SAF-I-VISION®  OPTILITE®  Glass  Clear  
**Material** Polycarbonate (CR-39) Plastic  
Note: If polycarbonate is not available Optilite will be furnished

**Coatings**  
 Scratch-Resistant Anti-Reflective  UV400 (Std. on polycarbonate)  
 Multi-Coat Anti-Reflective  Scratch Resistant (Std. on polycarbonate)

**Frame Style** \_\_\_\_\_ **Frame Color** \_\_\_\_\_ **Temple Length** \_\_\_\_\_ **Rx Insert Carrier** \_\_\_\_\_  
 Rx Insert - see Rx Insert Carrier Desc: \_\_\_\_\_  
Tint: \_\_\_\_\_

**Eye Size** \_\_\_\_\_ **Bridge Style** \_\_\_\_\_ **Sideshields** \_\_\_\_\_  
 Unifit  Permanent Flatfold  T-Loc (Only available on Temus frames)  
 Adj. Pads  Detachable Flatfold  40 Wire Mesh Cup

	Sphere	Cyl.	Axis	Prism	Base	Dec. (In-Out)	PD
Distance	R						Far
	L						Near

**To Be Completed by Refractionist**

	Add	Seg Hgt	Seg Width	Special	Bifocals	Trifocals	Double Segment
Near	R			<input type="checkbox"/> Hi-Index <input type="checkbox"/> Aspheric <input type="checkbox"/> Slab-Off <input type="checkbox"/> Roll & Polish	FLAT TOP <input type="checkbox"/> 28 <input type="checkbox"/> 35 <input type="checkbox"/> Full Width	FLAT TOP <input type="checkbox"/> 8 x 28 <input type="checkbox"/> 8 x 35 <input type="checkbox"/> 14 x 35	FLAT TOP <input type="checkbox"/> 28 <input type="checkbox"/> 35 Non-Std Sep.
	L						

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 Standard Progressive

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**Cost**

The total UCR cost is \$110.00 per pair.

Additional costs for prescription eyewear are at the discretion of the department.

The following features are optional, at the employee's expense:

- ✓ Progressive Lenses Levels 2-5
  - ✓ Photo chromic plastic/ poly tint
  - ✓ Roll and Polish\*
  - ✓ High Index Lens\*
  - ✓ Aspheric Lens\*
  - ✓ Cataracts, Quadrafocal, Lenticular options\*
- (\*These options are required by prescription)

**Billing**

- ✓ The glasses are billed through Fisher-Safety

**Frames**

- ✓ The selection of frames available is displayed at the practitioner's office

**Vision Care Professional (Associate Practitioner) Information**

Dr. Edward Cooper

1345 University Avenue #B

Riverside, CA 92507

(951) 682-8190

(His office is on University Avenue at Iowa, next to Coco's)

Office Hours: M, T, Th, F 9-5 (closed for lunch 1-2)

Saturday 9-1

Closed Wednesdays

Please call for an appointment (951) 682-8190