

# PRESCRIPTION SAFETY GLASSES ORDER FORM

MIT Optical Shop  
 77 Massachusetts Ave, E23-191, Cambridge, MA 02139  
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[mitoptical@med.mit.edu](mailto:mitoptical@med.mit.edu)  
[medical.mit.edu/optical](http://medical.mit.edu/optical)

(please email form prior to appointment)

**PATIENT NAME** \_\_\_\_\_ **DATE OF FITTING**    /    /

**EMAIL** \_\_\_\_\_ **PHONE** \_\_\_\_\_

THIS SECTION ONLY TO BE FILLED OUT BY SUPERVISOR

DLC \_\_\_\_\_

**SUPERVISOR/P.I. NAME** \_\_\_\_\_ **PHONE EXT** \_\_\_\_\_

**CONTACT FOR BILLING**

NAME \_\_\_\_\_ BLDG \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE EXT \_\_\_\_\_

COST OBJECT	G/L ACCT	DLC WILL PAY FOR THESE OPTIONS (if applicable):

PD	SPH	CYL	AXIS	PRISM	NOTES
D /	OD		X		
N /	OS		X		
ADD	OC	SEG			

LENS OPTIONS					
COST COVERED BY DLC	ADDITIONAL COST – PAID BY PATIENT				
LENS	TINT	TRANSITION	POLARIZED	ANTI-REFLECTIVE	OPTION TOTAL
SINGLE VISION (SV) - \$110	COLOR	GREY	GREY	CRIZAL EASY	
BIFOCAL FT 28 / 34 - \$135	DENSITY	BROWN	BROWN		
PROGRESSIVE - \$210	\$25	\$120	\$120	\$120	\$

FRAME OPTIONS					
MAKE/STYLE	COLOR	A	BR	B	ED
COST COVERED BY DLC	ADDITIONAL COST - PAID BY PATIENT				
Tier A	Tier B	Tier C	Tier D	Tier E	OPTION TOTAL
	\$40	\$60	\$75	\$85	\$

	DLC Cost	Patient Cost	
Vision Options		N/A	Patient Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Date _____
Lens Options			
Frame Options			
<b>Total</b>			