



MIT Optical Shop
 P: 617-258-LENS F: 877-965-5456
 mitoptical@med.mit.edu
 health.mit.edu/optical

MIT Health
 Massachusetts Institute Of Technology
 77 Massachusetts Ave, E23
 Cambridge, MA 02139

Prescription Safety Glasses Order Form

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

Patient 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				
N /	OS				
ADD	OC	SEG			

Lens options

Cost Covered by DLC	Additional cost paid by patient				
Lens <input type="checkbox"/> Single Vision (SV) - \$110 <input type="checkbox"/> Bifocal FT 28 / 34 - \$135 <input type="checkbox"/> Progressive - \$210	Tint <input type="checkbox"/> Color <input type="checkbox"/> Density \$25	Transition <input type="checkbox"/> Grey <input type="checkbox"/> Brown \$120	Polarized <input type="checkbox"/> Grey <input type="checkbox"/> Brown \$120	Anti-reflective <input type="checkbox"/> Crizal Easy \$120	Option total \$

Frame options

Make/Style	Color	A	BR	B	ED
Cost covered by DLC	Additional cost paid by patient				
Tier A <input type="checkbox"/> \$40	Tier B <input type="checkbox"/> \$60	Tier C <input type="checkbox"/> \$75	Tier D <input type="checkbox"/> \$85	Tier E <input type="checkbox"/> \$85	Option total \$
	DLC Cost	Patient Cost	Patient Payment: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check Date:		
Vision options		N/A			
Lens options					
Frame options					
Total					