

# USC PRESCRIPTION SAFETY GLASSES FORM

## INSTRUCTIONS

- Discuss your eye protection needs with your supervisor before completing this form
- Determine what costs, if any, your department is willing to cover
- Have your supervisor or authorized department administrator complete the shaded portions of the form below
- Acquire your most recent eyeglass prescription (within two years) and schedule an appointment with USC Roski Eye Institute - (833) USC-EYES
- Let Roski know if you require a new prescription
- Bring this form to your scheduled appointment

## EMPLOYEE INFORMATION

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ EMPLOYEE ID \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ (MM/DD/YYYY) EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_

## STOP ●

INFORMATION BELOW TO BE COMPLETED BY A SUPERVISOR OR DEPARTMENT ADMINISTRATOR

## BILLING OPTIONS

USC DEPARTMENT NAME \_\_\_\_\_

CHOOSE ONE

DEPARTMENT CREDIT CARD (SUPERVISOR WILL BE CONTACTED BY OPTICAL)

INTERNAL REQUISITION (PLEASE ATTACH COMPLETED IR FORM)

## ORDER DETAILS

Select from the covered items below by marking the appropriate box. Upgrades (e.g., anti-glare coating, progressive lenses, additional frame style, etc.) are available at an additional cost.

FRAME	LENS MATERIALS	LENS TYPES	UPGRADES (ADD'L COST)
<input type="checkbox"/> BASIC SAFETY FRAME*	<input type="checkbox"/> POLYCARBONATE	<input type="checkbox"/> SINGLE VISION	<input type="checkbox"/> FRAME*
	<input type="checkbox"/> GLASS LENSES ONLY	<input type="checkbox"/> LINED BIFOCAL	<input type="checkbox"/> TRANSITION LENS
		<input type="checkbox"/> LINED TRIFOCAL	<input type="checkbox"/> PROGRESSIVE LENS
			<input type="checkbox"/> ANTI-GLARE COATING

\*Side shields required

## SUPERVISOR INFORMATION

To be completed by an authorized supervisor.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ (MM/DD/YYYY)

FORM END ●

### HEALTH SCIENCES CAMPUS (HSC)

HC4

1450 SAN PABLO ST. 4TH FLOOR  
LOS ANGELES, CA 90033

(833) USC-EYES  
(833) 872-3937

REV. MAR 19

### USC VILLAGE (UPC)

ACROSS FROM STARBUCKS

835 W. JEFFERSON BLVD., SUITE 1720  
LOS ANGELES, CA 90089