PRESCRIPTION SAFETY EYEWEAR ORDER FORM / BON DE COMMANDE POUR LUNETTES DE PROTECTION D'ORDONNANCE
PLEASE FAX ORDER TO 1-800-790-9271 / S.V.P. TÉLÉCOPIEZ LA COMMANDE AU 1-888-839-3895
CUSTOMER SERVICE ENGLISH 1-800-268-4031 / SERVICE À LA CLIENTÈLE QUÉBEC 1-800-361-6396

QR CODE / CODE QR
CLINIC LOCATOR
LOCALISER UNE CLINIQUE

CANADIAN PACIFIC / CANADIEN PACIFIQUE
CANADA - ISSUED OCT 2022 / EMIS EN OCTOBRE 2022

CANADA - ISSUED OCT 202 / ÉMIS EN OCTOBRE 2022

DATE		**SUPERVISOR NAME / NOM DU SUPERVISEUR**	
EMPLOYEE NAME / NOM DE L'EMPLOYÉ		**SUPERVISOR SIGNATURE / SIGNATURE DU SUPERVISEUR**	
EMPLOYEE NUMBER / MATRICULE DE L'EMPLOYÉ		**SUPERVISOR CELL # / CELL DU SUPERVISEUR**	
EMPLOYEE COST CENTRE / CENTRE DE COÛTS		**SUPERVISOR EMAIL / COURRIEL DU SUPERVISEUR**	
EMPLOYEE EMAIL / COURRIEL DE L'EMPLOYÉ (OPTIONAL / OPTIONEL)		**COST ELEMENT / CODE D'ACTIVITÉ**	**71290**
DEPARTMENT / DÉPARTEMENT			
EMPLOYEE SIGNATURE / SIGNATURE DE L'EMPLOYÉ			

THE ABOVE SECTION MUST BE COMPLETED IN FULL TO ENSURE THAT THE ORDER WILL BE PROCESSED / LA SECTION CI-DESSUS DOIT ÊTRE ENTIÈREMENT COMPLÉTÉE POUR QUE LA COMMANDE SOIT TRAITÉE

LENS POWER / PUISSANCE DES LENTILLES

	SPHERE / SPHÉRIQUE	CYLINDER / CYLINDRE	AXIS / AXE	PRISM / PRISME	BASE
RIGHT / DROIT					
LEFT / GAUCHE					

Box Measurement Only Please
Mesures "BOX" s.v.p.

	ADD / ADDITION	SEG HEIGHT / HTR DU SEG	DIST P.D. / DIST E.I.O.	NEAR P.D. / PRÈS E.I.O.
RIGHT / DROIT				
LEFT / GAUCHE				

LENS STYLE / TYPE DE FOYER

- [ ] SINGLE VISION / SIMPLE FOYER
- [ ] FLAT TOP BIFOCAL / ST DOUBLE FOYER 28 35
- [ ] EXECUTIVE® BIFOCAL / EXÉCUTIF® DOUBLE FOYER
- [ ] ROUND SEG BIFOCAL (22 ONLY) / SEG ROND DOUBLE FOYER (22 SEULEMENT)
- [ ] DOUBLE SEG 28 / ST FOYER OCCUPATIONNEL
- [ ] FLAT TOP TRIFOCAL / ST TRIPLE FOYER
- [ ] PROGRESSIVE / PROGRESSIF

PLEASE SPECIFY TYPE OF PROGRESSIVE / S.V.P. SPÉCIFIEZ LE TYPE DE PROGRESSIF: _____

LENS MATERIAL / MATÉRIAU DE LENTILLES

- [ ] PLASTIC CR-39® (SUNGLASSES) / PLASTIQUE CR-39® (TEINTÉES)
- [ ] DURALITE ® - POLYCARBONATE (CLEAR LENSES) / DURALITE® POLYCARBONATE (CLAIRES)

LENS OPTION
CHOIX DE LENTILLES

- [ ] CLEAR / CLAIRE
- [ ] TRUE COLOR GRAY TINT ONLY / TEINTE SOLIDE GRISE SEULEMENT
  MAXIMUM 80% SPECIFY % / SPÉCIFIEZ % _____
- [X] SCRATCH RESISTANT COATING / ENDUIT RÉSISTANT AUX RAYURES
- [X] UV COATING / ENDUIT UV
- [ ] ANTI REFLECTIVE COATING (POLYCARBONATE ONLY / ENDUIT ANTIREFLETS (POLYCARBONATE SEULEMENT)
  *UPGRADE - EMPLOYEE TO PAY DISPENSER FOR THIS OPTION
  *OPTION DE L'EMPLOYÉ DOIT PAYER DIRECTEMENT À LA CLINIQUE AU PRIX DE LA CLINIQUE

FRAME / MONTURE STYLE / MODÈLE _____ SIZE / GRANDEUR _____ COLOR / COULEUR _____

SIDESHIELDS / ÉCRANS PROTECTEURS

- [X] PERMANENT PER PROGRAM SPECIFICATIONS / PERMANENTS OBLIGATOIRES D'APRÈS LE CONTRAT

SPECIAL INSTRUCTIONS
INSTRUCTIONS SPÉCIALES

EMPLOYEE TO SUBMIT A SEPARATE ORDER FORM FOR EACH PAIR OF GLASSES / L'EMPLOYÉ DOIT PRÉSENTER UN FORMULAIRE PAR LUNETTE COMMANDÉE

SHIP-TO DISPENSER NAME / PROFESSIONNEL _____

Clinique # / # du Membre Cevic:

DISPENSER ADDRESS / ADRESSE DU PROFESSIONNEL _____

DISPENSER SIGNATURE / SIGNATURE DU PROFESSIONNEL _____ DATE _____ TELEPHONE / TÉLÉPHONE _____

OCCUPATIONAL PRESCRIPTION EYEWEAR PROGRAM PROFILE

Customer Service Phone Number: 1-800-268-4031
Customer Service Fax Number: 1-800-790-9271
Email Address: srxcustomerservice.ca@hoya.com

	New Program	Y	Quebec Locations	2nd Pair Program
X	Revision to Existing Program	PDF	Eforms	Sunglass Program
Oct 19 2022	Effective Date of Program			Ergonomic | Office Workstation Program

rev June 2021

Company Name	CANADIAN PACIFIC RAILWAY				**FOR CANADIAN PACIFIC EMPLOYEES EXCLUDING QUEBEC**	
Service Address	7550 OGDEN DALE ROAD SE CALGARY AB T2C 4X9					
Primary Contact Name	AMBERLY JANITEN	Phone	403-319-3631	E-mail	AMBERLY_JANITEN@CPR.CA	
Secondary Contact Name	KEVIN SHOLES	Phone	403-319-3592	E-mail	KEVIN_SHOLES@CPR.CA	
Billing Account #	VARIOUS	Price List	408	Effective Date of Price List	JULY 1 2020 TO JUNE 30 2022	

The following information is required on each Rx order, only boxes marked with "X" apply

Employee Number	X	Other	EMPLOYEE + SUPERVISOR CONTACT INFORMATION
PO Number Required			

Employee Upgrades:

Allowed Through Payroll Deductions	
Not Allowed	X
Other	

SPECIAL INSTRUCTIONS

2 PR / 2 YRS ALLOWED - 1 PR MUST BE CLEAR. ARC IS EMPLOYEE PAID TO ECP AT TIME OF ORDER

FRAMES NOT PERMITTED: ZT25, ZT35, ZT45, ZT55, MAXIM GOGGLE, ZT500G, GT20
DEVIATIONS: SEE NOTES TAB
REQUIRED DATA: EE NAME, EE & SUPERVISOR CONTACT # & EE COST CENTRE #

EYE CARE PROFESSIONAL FEES:

$35 Amount

X Company Paid (Invoiced by Lab)
Employee Paid/Dispenser Collects

FRAMES	Company Paid	Employee Paid	Employee Amount	Not Allowed
Group A	X		see above	
Group B	X		see above	
Group C	X		see above	
Group D	X		see above	
Group E	X		see above	
Group F	X		see above	
Group G	X		see above	
WileyX				X
Other				X
SIDESHIELDS				
Permanent	X			
Other (Specify)				

LENSES	Company Paid	Employee Paid	Employee Amount	Not Allowed
Lens Material				
Polycarbonate	X			
Plastic CR-39®	X			
Trivex | Phoenix				X
1.67 (ANSI Z87.1)				X
Lens Style				
Single Vision	X			
Bifocal	X			
Trifocal	X			
Progressive Groups				
SafeVision 1	X			
SafeVison 2	X			
SafeVision 3				X
Computer | EWD				X
Lens Options				
Photochromic				X
Polarized				X

TINTS AND COATINGS	Mandatory	Company Paid	Employee Paid	Employee Amount	Not Allowed
Ultra Violet Protection	X	X			
SRC (Basic Scratch Resistant)	X	X			
Clarity Shield™ (Premium SRC)					X
Clear-Away™ Premium SRC + Easy Clean					X
HiVision™ Anti-Reflective (AR)			X	pay to ECP	
Super HiVision™ AR + Clarity Shield ™					X
Super HiVision EX3™ AR + Clear-Away™					X
Anti-Reflective + Anti-Fog					X
Anti-Fog (2 sided)					X
Clear-Away™ Anti-Fog					X
Recharge™ (Blue Light Filter + EX3)					X
Tints		X			

Tint Shade(s) Allowed	
#1 (20%)	Y
#2 (50%)	Y
#3 (80%)	Y

Tint Colour(s) Allowed

GRAY COLOR ONLY. 1st pair must be 100% clear