

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
- Bring your most recent eyeglass prescription (within two years) to the USC Roski Eye Institute
- If you require a new prescription, call USC Roski Eye Institute at (323) 442-6335 to schedule an appointment
- Bring this form to your scheduled appointment

EMPLOYEE INFORMATION

FIRST NAME _____ LAST NAME _____ EMPLOYEE ID _____

BIRTH DATE _____ EMAIL _____ PHONE _____

MM/DD/YYYY

STOP ●

INFORMATION BELOW TO BE COMPLETED BY A SUPERVISOR OR DEPARTMENT ADMINISTRATOR

BILLING

USC
DEPARTMENT
NAME

DEPARTMENT CREDIT CARD REQUIRED (YOUR SUPERVISOR WILL BE CONTACTED BY OPTICAL)

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

☐ BASIC SAFETY FRAME*

LENS MATERIALS

☐ POLYCARBONATE☐ GLASS LENSES ONLY

LENS TYPES

☐ SINGLE VISION☐ LINED BIFOCAL☐ LINED TRIFOCAL

UPGRADES (ADD'L COST)

☐ FRAME*☐ TRANSITION LENS☐ PROGRESSIVE LENS☐ 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

USC ROSKI EYE INSTITUTE

(323) 442-6335

USCEYES@MED.USC.EDU

REV. FEB 2024

USC VILLAGE (UPC)

ACROSS FROM STARBUCKS

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