



Prescription Safety Eyewear Request Authorization

Prescription safety eyewear is requested for the following employee:

Employee Name

Employee ID

Employee Phone Number

Department/Bureau/Division

Type of work performed: _____

Type of safety concerns: _____

Works outdoors? YES

NO

Supervisor Name

Supervisor Phone Number

Supervisor Signature

Billing & Contact Address

Please obtain your supervisor's signature, bring this form and/or your prescription to:

Dr. David Hoh, O.D.
373 9th Street #201 (Between Franklin & Webster) Oakland, CA 94607
Phone: (510) 832-2020
Fax: (510) 834-2020
Office Hours: Tuesday - Saturday 10:00am - 5:30pm

Safety glasses dispensed on _____
Date

Employee Signature

Date Invoiced