

N.C. DEPARTMENT OF CORRECTION  
STATE EMPLOYEE  
OPTICAL FORM

Date							
Employee Name					Please circle: Glass Plastic Polycarbonate		
D i s t a n c e		Sphere	Cylinder	Axis			Prism
	R						
L						SV	
		Add	Height	Pd Far	Pd Near	Bifocal Style	
A d d	R					Trifocal Style	
	L					Progressive Style	
Frame Name						UV	AR Coat
Color		Eye Size	Bridge	Temple		Tint	
Special Instructions							
Bill To:							
Ship to: (please print)							
Dispensing Signature: _____			Date: _____				
Address: _____			Telephone: _____				
City _____		State _____	Zip _____				



2020 Yonkers Road  
4240 MSC  
Raleigh, NC 27699-4240  
Courier No: 53-71-00

Toll-Free: 1-800-241-0124  
Raleigh: (919) 716-3600  
Fax: (919) 716-3975

OPTICAL ORDER FORM FOR STATE EMPLOYEE	
Name:	Department Employed With:
Date:	NCID #:
Work Phone Number:	Home Phone Number:
Method of Payment ( <i>Please Circle</i> ):	
<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Check <input type="checkbox"/> Money Order	
Ship to Address:	Billing Address (Home Address):

**Employee must attach a copy of State Identification Badge in order to be eligible to purchase products from Correction Enterprises.**

**Disclaimers:**

- a. State Employees are authorized to purchase products and services from Correction Enterprises totaling up to \$2,500 per calendar year.
- b. Reselling of Correction Enterprises products for profit is strictly prohibited.
- c. Correction Enterprises reserves the right to refuse any order.
- d. Correction Enterprises reimburses for damages or loss of customer property up to a maximum of \$ 500 per piece.
- e. \$25 fee shall be applied for all return checks.

**Instructions for Completing RX Form for State Employee Eyewear:**

1. Employees must provide a current eyeglass (not contact) prescription from their eye care physician on the date of the scheduled appointment with the Correction Enterprise Optician.
2. Optician will assist employees at scheduled appointment with selection and fitting of eyeglasses and the dispensing of the fitted glasses.
3. All orders will be made at Nash Optical and dispensed at the site of the eyeglass fitting. Eyeglasses will not be shipped directly to any employee.
4. Employee will pick up glasses at the set appointment time and will be billed by NCCE accounting for eyeglasses.
5. If any employee does not show up for the fitting of the new glasses, a \$25.00 charge will be billed to the employee unless cancellation has been made 24 hours prior to the appointment.
6. All appointments are scheduled through Customer Service Dept. at 1-800-241-0124 or 919-716-3600.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Official Use Only: Customer Number: \_\_\_\_\_ Verified Employment: \_\_\_\_\_