

Print Name: _____



(815) 676-4474
 11914 S. Route 59, Unit 106
 Plainfield, IL 60585
www.4SightiCare.com
staff@4sighticare.com

4Sight iCare's Prescribed Vision Report & Warranty

STANDARD 4Sight iCare VISION GUARANTEE applies to all products purchased here:

Services to fill prescription vision correction cannot be canceled, so all sales are final. You may leave with a quote and make your purchase whenever you feel confident to proceed, but we've removed all barriers to fill your prescription with us: B4EP, 100% **manufactural defect protection up to 90 days** from purchase and a **one time Rx-lens remake up to 90 days** from the Rx date.

The 4Sight iCare REPAIR & REPLACE WARRANTY will appear within your quote for just \$40:

In addition to a LIFETIME of frame adjustments & cleanings, the 4Sight iCare REPAIR & REPLACE WARRANTY protects your investment at its full retail value (not just your after-insurance/discount responsibility).

When purchased separately you'll also receive a **copy of your frame fit measurements** plus verification and evaluation of any prescription eyewear generated from your 4Sight iCare prescription wherever you choose to go.

For complete eyewear purchased at 4Sight iCare, this warranty also **protects your investment** against damage to the frame and/or lenses for **12 months** from the prescription date. Just **return the eyeglass pieces along with a \$60** processing fee and we will repair/replace the damage up to a complete new pair of glasses **one time**, no questions asked.

(Note: if no longer available, a frame of equal or lesser value may need to be selected or simply pay the difference to upgrade.)

We all need up to 4 pairs of eyewear, here's how the doctor would fill your eyeglass prescriptions to SEE YOUR BEST:

Your Vision Report	Single Vision		Multifocal		Doctor's wear instructions:	
Best lenses for you:	1-4	Transitions Signature Lenses w/ extra blue-light and UV protection	1-4	Transitions Signature Lenses w/ extra blue-light and UV protection	Full Time Wear	Remove for Activities
Primary Pair		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare Pair		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sun Pair		<input type="checkbox"/> Polarized <input type="checkbox"/> Tint/UV		<input type="checkbox"/> Polarized <input type="checkbox"/> Tint/UV	<input type="checkbox"/> Non-powered Sun Protection	
Task Pair		<input type="checkbox"/> Computer Glasses <input type="checkbox"/> Sports Goggles <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Non-powered Digital Device Lenses				

Ask about #FF4M, the 4EP Plan, and how to unlock \$150 instant savings!

Doctor-prescribed, Non-powered, protective eyewear for established pts.

25% OFF

I hereby confirm that the above policies are understood:

Patient or Guarantor Signature: _____ **Date:** ____/____/____

Print Name: _____



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4Sight iCare's Eyewear Quote Summary

Quote with frame model: _____

Level: 1 / 2 / 3 / 4 Transitions / Clear / Sun Single / Multifocal	After Insurance / Discount	Retail Value
New Rx Eyewear	\$	\$

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New Rx Eyewear	\$	\$

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New Rx Eyewear	\$	\$

Quote with frame model: _____

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New Rx Eyewear	\$	\$

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Level: 1 / 2 / 3 / 4 Transitions / Clear / Sun Single / Multifocal	After Insurance / Discount	Retail Value
New Rx Eyewear	\$	\$