

Legal Name: _____



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

4Sight iCare's Prescribed Vision Report & Warranty

Our mission is to **help you SEE YOUR BEST**, so we quote high quality eyewear confidently extending a \$40 all-inclusive warranty to everyone in the eventuality that your lenses are damaged during the lifespan of your prescription. **Crizal™** is the best lens *treatment* to reduce reflections & glare; we use four **Crizal™** types, each with its own unique characteristics. All of our lens packages contain **Crizal™ Non-Glare** because *glasses cause glare* and other anti-reflective *coatings* tend to degrade and worsen vision before the expiry date of the prescription. Everyone deserves a basic, impact resistant lens - that is why all doctor-approved lens packages start with an impact resistant Polycarbonate or Trivex (for its HD, optically pure quality) lens material. Your lens cost is the retail total less applicable discounts or the sum of insurance copays for the design (field of view), material (clarity/density), and features (utility/comfort) of your new eyewear.

Optical services provided to fill a prescription for vision correction cannot be canceled, so **all sales are final**. You'll receive a quote and may purchase eyewear at your discretion; there are benefits to filling your prescription(s) at your doctor's office: 1) additional savings (see B4EP's), 2) timely ordering maximizes your time in the new lenses, 3) 100% **manufactural defect protection up to 90 days** from purchase & a **free, one time prescription remake up to 90 days** from the prescribed date, and 4) 4Sight iCare's all-inclusive warranty protects your investment for its full retail value up to 12 months from the prescription date. Simply return the old pair with a \$60 processing fee and we'll create up to a complete, new and identical pair, no questions asked. Our opticians even clean, repair and adjust eyeglasses.

(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 **your doctor would fill your eyeglass prescription(s) to SEE YOUR BEST:**

Your Vision Report	Single Vision		Multifocal		Doctor's wear instructions:	
	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
Best lenses for you:						
Primary Pair		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spare Pair						
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				

Your Online Portal contains: order status, receipts, return visits, **active prescriptions**, & more at:

<http://bit.ly/RevPHR>
 (Printed upon request)

Don't forget to ask about your B4EP's (Benefits 4 Established Patients) ie: **\$40 Instant Savings** &

Doctor-prescribed, **non-powered digital device lenses & sunglasses** at

25% OFF!

I hereby confirm that the above optical/office policies, patient benefits, and online access to my information are understood:

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

Preferred Name: _____



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4Sight iCare's Eyewear Quote Summary

Quoted frame: _____ retails for \$ _____

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

Quoted frame: _____ retails for \$ _____

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