

Legal Name: _____



(815) 676-4474
11914 Illinois Rte 59, Unit 106
Plainfield, IL 60585
www.4SightiCare.com
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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 in the eventuality that your lenses are damaged during the life of your prescription. **Crizal™** is the best lens *treatment* to reduce reflections & glare; we use all four classifications of **Crizal™**, 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. 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 cost on lenses is the retail total less applicable discounts or the **sum** of your insurance copays for the **design (field of view), material (clarity/density), and features (utility/comfort)** in 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, 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:	
THE BEST Lenses 4 U:	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
1) Primary Pair		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2) Spare Pair						
3) 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	

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

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

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!

Preferred Name: _____



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4Sight iCare's Eyewear Quote Summary

Quoted frame: _____ retails for \$_____

BEST VISION

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

Quoted frame: _____ retails for \$_____

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

Quoted frame: _____ retails for \$_____

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

BASIC VISION