Legal Name: _____

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

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™** lens *treatments* reduce reflections & glare without the tendency to degrade and worsen vision like some dip *coatings*. We use 4 different types of **Crizal™**, each with its own unique characteristics. **Crizal™ Non-Glare** is a lens feature in all doctor-approved lens packages because *glasses can cause glare.* Everyone also deserves a basic, impact-resistant lens material; our lens packages start with an impact resistant Polycarbonate or **Trivex (for its HD, optically pure quality)**. Your cost of the lenses is the retail total less applicable discounts or the **sum** of your insurance's copays for the **design (field of view), material (clarity/density), and features (utility/comfort)** in your new eyewear.

The services to fill a prescription cannot be canceled, so out of respect for our opticians we consider **all sales final**. You'll receive a quote and may purchase at your discretion, but there are benefits to filling your prescription(s) at your annual exam: 1) additional savings (see B4EP's), 2) maximized time in your 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 also clean, repair and adjust the eyewear at no cost.

(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		☐		☐	☐	☐
2) Spare Pair						
3) Sun Pair		☐ Polarized ☐ Tint/UV		☐ Polarized ☐ Tint/UV	☐ Non-powered Sun Protection	
4) Task Pair		☐ Computer Glasses ☐ Sports Goggles ☐ Safety Glasses ☐ Non-powered Digital Device Lenses				

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:

https://bit.ly/46EF5Lb
(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: ________________________________

4Sight iCare

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

Eyewear Order Quote

BEST VISION

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

Quoted frame: _______________________ retails for $____

Level: 1 / 2 / 3 / 4 Single / Multifocal Transitions / Clear / Sun Polarized / Super-thin / Ultra-thin	Pair's Retail Value	After Insurance / Discount
New Prescription Eyewear	$	$

BASIC VISION