

| Patient Name _                        |   |  | Date             |                      |                 |
|---------------------------------------|---|--|------------------|----------------------|-----------------|
|                                       |   |  | Retail<br>Price  | Insurance<br>Savings | Patient<br>Cost |
| Frame 1                               |   |  | \$/%             |                      |                 |
| Lenses                                |   |  |                  |                      |                 |
| Types                                 |   | carbonate, trivex, mid/high index<br>focal, progressive, free form, occu                   |                  |                      |                 |
| Treatments                            | anti-reflective (AR)<br>blue light protectio  | , scratch resistance, ultraviolet (U<br>on, anti-fog                                       | √), polarized    |                      |                 |
| Photochromatic                        | z/Tints   |  |                  |                      |                 |
| Frame 2                               |   |  | \$/%             |                      |                 |
| Lenses                                |   |  |                  |                      |                 |
| Types                                 | CR-39 plastic, polycarbonate, trivex, mid/high index<br>single vision, bi/trifocal, progressive, free form, occupational/computer |  |                  |                      |                 |
| Treatments                            | anti-reflective (AR), scratch resistance, ultraviolet (UV), polarized blue light protection, anti-fog                             |  |                  |                      |                 |
| Photochromatic                        | z/Tints   |  |                  |                      |                 |
|                                       |   |  | Discount         | %                    |                 |
| Contacts                              |   |  | \$/%             | _                    |                 |
| Price per box<br>Fitting              |   | # of months  |                  |                      |                 |
| Other                                 | Non-prescription sunwear, accessories, etc.   |  |                  |                      |                 |
| Exam                                  |   |  |                  |                      |                 |
|                                       |   | Total Patient Cost   |                  |                      | \$              |
| <b>&amp; Care</b> Credit <sup>®</sup> |   | Ask about 6 or 12 mon<br>on qualifying purchases of \$2<br>credit card account.* Visit Car | 200 or more made | with your CareCre    | dit             |

Applications are simple and credit decisions instant. Get the eyewear you want today!

\*Subject to credit approval. Minimum monthly payments required. Ask us for details.

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