

Patient Name _			Date		
			Retail Price	Insurance Savings	Patient Cost
Frame 1			\$/%		
Lenses					
Types		carbonate, trivex, mid/high index focal, progressive, free form, occu			
Treatments	anti-reflective (AR) blue light protectio	, scratch resistance, ultraviolet (U on, anti-fog	√), polarized		
Photochromatic	z/Tints				
Frame 2			\$/%		
Lenses					
Types	CR-39 plastic, polycarbonate, trivex, mid/high index 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 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 on qualifying purchases of \$2 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.

Making care possible...today.