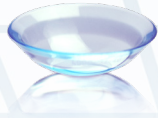




# SynergEyes VS™ Scleral Lens



New scleral lens with linear landing zones and a toric periphery.

## Fitting Set Program

— Earn \$100 credit per fit in the first 90 days\* —

Please email this completed form to the address below.

Order Date \_\_\_\_\_ 2019 SynergEyes Account? (select one) No Yes Account # \_\_\_\_\_

If Yes, Lenses currently fitting Duette ClearKone UltraHealth SynergEyes A SynergEyes KC

Practice Name: \_\_\_\_\_ Practitioner Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email (required): \_\_\_\_\_

<input type="checkbox"/>	SynergEyes VS Scleral 16-Lens Set <b>\$498</b>	\$100 Credit per Fit within 90 days	1 Fit	3 Fits	5 Fits
			\$498.00 -100.00 <b>\$398.00</b>	\$498.00 -300.00 <b>\$198.00</b>	\$498.00 -498.00 <b>Set is FREE!</b>

**Required Training:** The Doctor or staff member fitting the SynergEyes VS scleral lens is required to complete training prior to the diagnostic set shipping. Please include the training method and date below prior to sending this form to SynergEyes. For online training please visit [SynergEyes.com/Professional](http://SynergEyes.com/Professional).

Training Method  Online  Other Trained By \_\_\_\_\_ Date \_\_\_\_\_

Authorized Signature / Practice \_\_\_\_\_ Name / Title \_\_\_\_\_ Date \_\_\_\_\_  
I am an authorized representative of the Practice and agree to the terms on this form.

Authorized Signature / SynergEyes, Inc. \_\_\_\_\_ Name / Title \_\_\_\_\_ Date \_\_\_\_\_

Email Form to: [clinicalservices2@synergeyes.com](mailto:clinicalservices2@synergeyes.com)

For Questions Call: 877.733.2012 option 2

\*Fit patient within 90 days of set receipt for a \$100 credit. The \$100 credit will be issued after 90 days. One \$100 credit per patient (up to 5 patients). Diagnostic fitting sets will be shipped via UPS 3-Day for \$16.95 within U.S. Offer valid in U.S. only.