



Diagnostic Set Agreement

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

Please email this Completed Form to clinicalservices2@synergieyes.com

Order Date: _____ 2019 SynergEyes Account? (select one): No Yes Account #: _____

Practice Name: _____ Practitioner Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email (required): _____

SET			1 Fit	3 Fits	5 Fits
<input type="checkbox"/>	UltraHealth 26-Lens Set and UltraHealth FC 10-Lens Set \$798 = \$498	\$100 Credit per Fit within 90 days*	\$498.00 <u>-100.00</u> \$398.00	\$498.00 <u>-300.00</u> \$198.00	\$498.00 <u>-498.00</u> Set is FREE!
<input type="checkbox"/>	UltraHealth FC Diagnostic Set 10-Lenses \$199	This set is for practices that already have an UltraHealth Set. \$100 credit for each fit completed in 90 days*			

Required Training: The Doctor or staff member fitting the UltraHealth hybrid 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.

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@synergieyes.com or **For Questions Call:** 877.733.2012 option 2