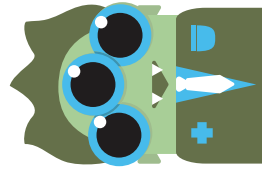


CUSTOMER REDEMPTION FORM



In order to complete redemption, please print out this form and send it back to us. You may redeem your points at any time between September 1, 2019 – August 31, 2020. If you are a part of a multi-branch facility, the main location of that facility will determine where the product will be shipped.

Customer Account Number:

Name of Practice:

Name of Manager or Physician:

Email of Manager or Physician:

Please check the box of the product you would like to redeem, then specify the quantity to the right:

Tier 1	Qty.
<input type="checkbox"/> KN95 masks (200 = 1qty.)	
<input type="checkbox"/> 3-Layer medical masks (600 = 1qty.)	
<input type="checkbox"/> PachPen	
<input type="checkbox"/> AccuPen	
<input type="checkbox"/> TonoCare	
Tier 2	Qty.
<input type="checkbox"/> All Pupil II	
<input type="checkbox"/> PSL One	
<input type="checkbox"/> Vantage Plus	
Tier 3	Qty.
<input type="checkbox"/> A-Scan Plus Connect	
<input type="checkbox"/> B-Scan Plus	
<input type="checkbox"/> 4Sight unit with Connect software	
<input type="checkbox"/> 4Sight unit + A-Scan & Pachymeter probes	

Tier 4	Qty.
<input type="checkbox"/> 4Sight unit + B-Scan probe	
<input type="checkbox"/> 4Sight unit + B-Scan & Pachymeter probes	
<input type="checkbox"/> 4Sight unit + A-Scan & B-Scan probes	
<input type="checkbox"/> Cryomatic MKII	
<input type="checkbox"/> Traditional slit lamp (5 step mag; refraction style)	
<input type="checkbox"/> HD Analyzer	

Signature of Manager or Physician:

Date:

Approved By (sales rep):

Date:
