



**\$500**  
MAIL IN  
REBATE

## *Change Your Outlook With Raindrop*

FIND YOUR RAINDROP SPECIALIST @ [RAINDROPINLAY.COM](https://raindropinlay.com) &

**BOOK YOUR CONSULTATION TODAY**

\*TERMS AND CONDITIONS APPLY

**raindrop**  
NEAR VISION INLAY



“Change Your Outlook”  
**REBATE FORM**

**Patient Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_

**State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

\*This information will be used to send and address the rebate check.

By signing below, I hereby certify that I have met the requirements of the Raindrop Near Vision Inlay Rebate Program and am eligible to receive the rebate. I further certify that I self-paid for my Raindrop Near Vision Inlay and did not submit a claim to reimbursement to any insurance company or similar third party payor.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

**Doctor's Office Name** \_\_\_\_\_

**Raindrop Surgeon** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_

**Raindrop Near Vision Inlay Serial Number** \_\_\_\_\_

**Date of Raindrop Procedure** \_\_\_\_\_

**Date of Three (3) Month Appointment After Raindrop Procedure** \_\_\_\_\_

\_\_\_\_\_  
Raindrop Surgeon Signature at 3 Month Appointment

\_\_\_\_\_  
Date

By checking this box, I acknowledge that I have read, understand and agree to the Terms of Service, Privacy Policy & HIPAA Waiver of Authorization located on [www.revisionoptics.com](http://www.revisionoptics.com). I agree to receive information and communication about Raindrop Near Vision Inlay from ReVision Optics, Inc.

Please Mail Rebate To: **ReVision Optics Inc. Attn: Marketing Department, 25651 Atlantic Ocean Dr. Ste A1, Lake Forest, CA 92630** no later than August 1, 2018.

# “CHANGE YOUR OUTLOOK” REBATE PROGRAM

## TERMS AND CONDITIONS

“Change Your Outlook” is a rebate program that works by providing you (the patient) \$500 mail-in rebate from ReVision Optics, Inc. for electing to undergo one (1) Raindrop® Near Vision Inlay procedure and completing a follow-up exam with your treating physician approximately three (3) months after the procedure. All qualifying, eligible patients will receive a \$500 mail-in rebate. To qualify for this offer, you must properly complete a redemption form (also available via ReVision Optics, Inc. authorized website at [revisionoptics.com/rebate-form](http://revisionoptics.com/rebate-form)) and have your treating physician sign to the rebate form at your three (3) month appointment following the Raindrop procedure. You must further agree to all stated disclosures and waivers, print the submission form and bring it into your treating physician. Raindrop Near Vision Inlay used in your treatment must be purchased legally in the U.S. and administered in accordance with a valid prescription by a licensed physician. The Raindrop Near Vision Inlay placement must occur between October 20, 2017 and March 31, 2018. Submission forms must be signed by your treating physician at your three (3) month appointment following your Raindrop procedure and the Raindrop Near Vision Inlay serial number must be included. **Please allow 6-8 weeks for processing.** If you have questions about this offer, please email [info@revisionoptics.com](mailto:info@revisionoptics.com). No submissions will be considered after August 1, 2018, and no rebates processed after October 31, 2018.

You must have self-paid for the Raindrop procedure and may not submit the procedure to any third party payor for reimbursement. Physician, pharmacist, and prescriber may not seek reimbursement for all or any part of the benefit received by the patient through the offer. This offer is available only to qualifying patients, excluding claims from ReVision Optics, Inc. employees and their spouses. This offer is non-transferable. No substitutions are permitted. No membership fees are associated with this offer. Offer valid only in the U.S., from participating physicians. Void where prohibited by law, taxed, or restricted. For a listing of participating physicians, visit [revisionoptics.com](http://revisionoptics.com).

This offer is limited to one redemption per person and cannot be combined with any other ReVision Optics, Inc. offer or promotion. No other purchase is necessary. This rebate is not insurance. By submitting a rebate request, you agree to all terms and conditions of this offer. ReVision Optics, Inc. reserves the right to cancel or modify this offer without notice. All rebate requests become the property of ReVision Optics, Inc. and will not be returned. ReVision Optics, Inc. assumes no responsibility for lost, late, damaged, misdirected, misaddressed or incomplete requests that fail to be properly delivered for any reason. Rebate checks will be issued in U.S. dollars only. Rebate checks are void if not cashed or used within 180 days. It is illegal to sell, purchase, trade, or counterfeit, or offer to sell, purchase, trade, or counterfeit the rebate check.