BAUSCH + LOMB
See better. Live better.

1400 N. Goodman Street
Rochester, NY 14609
T: 800.828.9030
F: 800.836.2757

Application for SilSoft Pediatric Patient Assistance Program

This program is designed to assist Eye Care Professional's pediatric and family with no source of medical device coverage through private insurance or from public assistance (i.e.: Medicaid, Medicare or charitable organizations) and fall below the U.S. Health and Human Services 2012 poverty guidelines, i.e. family of 4 annual income of less than $23,050 (for each additional person , add $3,960).

Patient Name: _____

Reason for request: _____

Bausch + Lomb Account #:_____Office phone #:_____

Office Address *: _____

Requests will be accepted once per calendar quarter per patient. A new form must be filled out for every patient for each request. An original signature by the prescribing physician is required. This completed form must be returned to fulfill the request. Please send to:

Bausch + Lomb Customer Resource Center
SilSoft Pediatric Patient Assistance Program
Email: crc_Account_Support@bausch.com
Fax #: 1-800-836-2757

A maximum of 2 lenses is allowed per patient per order. Any request above the specified limit will not be shipped. No substitutions allowed. Please allow 4 – 6 weeks for delivery.

Please fill in the parameter of the SilSoft lenses needed:

Diameter _____ Base Curve _____ Sphere Power + _____

Diameter _____ Base Curve _____ Sphere Power + _____

I have requested the above listed product from Bausch + Lomb. This product is to be given directly to the patient listed on this form and is not intended for sale or trade.

_____ _____

Signature of the prescribing physician **Date**
(Signature stamps are not acceptable)

* The office address will also service as the shipping address.

Please contact the Bausch + Lomb Customer Resource Center at 800-828-9030 if you have any questions.