Bausch + Lomb 90 Day Patient Satisfaction Guarantee

This information can be submitted online at www.bausch.com/patientguarantee or by calling 1-866-719-1771.

Bausch + Lomb is confident that you will be fully satisfied with the Bausch + Lomb® contact lenses your eye care professional has chosen for you.

If for any reason you are not satisfied with your Bausch + Lomb contact lenses, you may return any opened boxes directly to Bausch + Lomb for a refund*. The return must be received by Bausch + Lomb within 90 days from the date of purchase. This offer is not valid if you have redeemed a SofLens® or PureVision® or Biotrue® ONEday rebate offer within the calendar year.

*Unopened boxes must be returned to the original place of purchase for refund or exchange under the policies of the seller.

Name _____

Address _____

City_____ State ___ Zip code ____

Age _____ Gender M / F

Phone Number: _____

Email address: _____

____ I agree that Bausch + Lomb may contact me via email to provide information on eye care products that may be of interest to me.

What brand of Bausch + Lomb contact lenses are you returning?

____ Biotrue® ONEday

____ SofLens® 38

____ SofLens® Toric For Astigmatism

____ SofLens® Multi-Focal

____ SofLens® daily disposable

____ PureVision®

____ PureVision® Toric For Astigmatism

____ PureVision® Multi-Focal

____ PureVision®2

____ PureVision®2 For Astigmatism

____ Other _____

Why are you returning your Bausch + Lomb contact lenses?

____ Vision is not as good as other contact lens brands

____ Comfort is not as good as other contact lens brands

____ The lens is more difficult to handle than other contact lens brands

____ Price is higher than other contact lens brands

____ Other (please specify):

What brand of contact lenses if any, were you wearing before you purchased Bausch + Lomb contact lenses?

_____

_____

What will be your chosen form of vision correction?

____ I will return to my previous contact lens brand _____

____ I will try a new brand of contact lenses

_____

____ I will no longer wear contact lenses

____ LASIK surgery

____ Eyeglasses only

Please complete the following steps within 90 days from the date of purchase to receive your refund:

1. **Complete this Patient Satisfaction Guarantee form and include a maximum of 2 opened boxes, with a minimum of 3 unopened lens blisters, of the following brands of Bausch + Lomb contact lenses:**

   SofLens® 38, SofLens® Toric For Astigmatism, SofLens® Multi-Focal, PureVision®, PureVision® Toric For Astigmatism, PureVision® Multi-Focal, PureVision®2, PureVision®2 For Astigmatism.

   For SofLens® daily disposable and Biotrue® ONEday there is a maximum of 2 opened boxes with a minimum of 30 unopened lens blisters.

2. **Attach your original or photocopied receipt for the product purchased.**

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Effective January 1, 2013

3. Mail to:
   Bausch + Lomb Patient Satisfaction Guarantee
   PO Box 15127
   White Bear Lake, MN 55115-5127
4. Please allow 6-8 weeks for delivery of your reimbursement check and keep a copy of your paperwork for your records.
5. Unopened boxes must be returned to the original place of purchase for refund or exchange under the policies of the seller.

Lenses returned under the 90 Day Patient Satisfaction Guarantee that do not meet the above criteria will not be refunded.

Should you have any questions about your Bausch + Lomb contact lenses, please contact Consumer Affairs at 1-800-553-5340.

Terms & Conditions

Product must be purchased before 12/31/ 2013. Maximum value of reimbursement equals U.S. $150.00 for opened boxes. Claims must be received within 90 days of purchase date. Last valid date of purchase: 12/31/2013. Limit one reimbursement claim per person per calendar year. **This offer is not valid if you have redeemed a SofLens®, Biotrue® ONEday, or PureVision® rebate offer within the calendar year.** Allow 6-8 weeks for delivery. Returns of opened boxes must not be made to your eye care practitioner or eye care office. Fraudulent submission could result in federal prosecution under the U.S. Mail Fraud Statutes. Not responsible for lost, late or undelivered responses.

NOTICE to Consumers: If you or your doctor filed a claim for reimbursement from a third party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, you must notify your payer about this refund.

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