SPECIALTY Eyecare Group
A MEMBER OF VISION SOURCE™

David L. Kading, OD, FAAO, FCLSA Kristi Kading, OD, FAAO, FCOVD Katherine Shen, OD Charissa Young, OD

SPECIALTY CONTACT LENS WARRANTY PROGRAM

Protect your investment in your vision!

Coverage:

When you finalize your specialty contact lens prescription and purchase a set of Rigid Gas Permeable (RGP), Custom (including Custom Soft, Custom RGP, and Sleep Shaping) or Scleral Contact Lenses you have the option to purchase a warranty against loss or breakage. This warranty covers the replacement of one lost or broken lens for each eye once within 12 months of finalized lens purchase.

Conditions:

Warranty must be purchased within 30 days of the original lens purchase.
No power, curvature, material or other design modifications may be made.
Limited to one replacement lens for each eye, no substitutions.
Warranty Replacement lens(es) must be ordered within 12 months of the original date of purchase.
The Warranty Program is not subject to Vision or Medical Insurance Coverage
Please allow 2-3 weeks for delivery of each replacement lens.

Warranty Fee:

☐ RGP Sphere: $40.00 per pair
☐ RGP Toric Multi-Focal: $80.00 per pair
☐ Custom: $200.00 per pair
☐ Scleral: $300.00 per pair
☐ Sleep Shaping $200.00 per pair

I understand and agree to the terms and conditions of the warranty as stated above and am purchasing the lens type as indicated above.

Patient Name (Print): _____

Parent/Guardian (Print):_____

Signature of Patient or Parent/Guardian: _____

Date: _____

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SPECIALTY CONTACT LENS BACK UP PROGRAM

Protect your investment in your vision!

Coverage:

When you finalize your specialty contact lens prescription and purchase a set of Rigid Gas Permeable (RGP), Custom (including Custom Soft, Custom RGP, and Sleep Shaping) or Scleral Contact Lenses you have the option to purchase a replacement pair of lenses at 50% of the full price cost of the lenses.

Conditions:

Back Up Lenses must be purchased within 30 days of the original lens purchase in order to receive the 50% discount.
No power, curvature, material or other design modifications may be made.
Please allow 2-3 weeks for delivery of the Back Up Pair
The Warranty Program is not subject to Vision or Medical Insurance Coverage

I understand and agree to the terms and conditions of the warranty as stated above and am purchasing the lens type as indicated above.

Patient Name (Print): _____

Parent/Guardian (Print):_____

Signature of Patient or Parent/Guardian: _____

Date: _____

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