



Sound Vision Care, Inc.

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www.soundvisioncare.com

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Southold
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(631)-765-3092 | (631)765-3046

Southampton
1601 County Rd 39, Suite 5
(631)-283-0220 | (631)283-0299

Date: _____ Id: _____

Gentle Vision Shaping System Agreement

The Gentle Vision Shaping System includes:

- Initial Gentle Vision Shaping System evaluation, fitting and consultation
- ALL lens changes made by the doctor within the first 24 months
- Final pair of lenses, plus spare - Not valid if any lenses are broken or lost.
- ALL topography testing
- 1 Comprehensive eye exam
- 2 year Gentle Vision Shaping System maintenance

The Gentle Vision Shaping System maintenance:

After 24 months into the Gentle Vision Shaping System there is a maintenance fee of \$375 each year.

The Gentle Vision Shaping System evaluation:

The initial Gentle Vision Shaping System evaluation is complimentary. The initial evaluations measurements and treatment plans drafted will expire after 3 weeks and you will need a new evaluation at a cost of \$350.

Lens Replacement Fees:

Gentle Vision Shaping System lens replacements are \$200

Guarantee:

If extenuating circumstances prevent you from continuing treatment within the first 3 months of care, Sound Vision Care, Inc. will refund any fees paid in excess of \$750.

Fees:

Each Gentle Vision Shaping System has customized measurements, prescriptions and treatment plans which determine the cost. Based on these factors and our assessment today, the following Level of treatment is marked below:

- Level 1 (-3.75 and below): \$3500 _____
- Level 2: (-4.00 thru -4.75): \$4000 _____
- Level 3: (-5.00 thru -5.75): \$4400 _____
- Level 4: (-6.00 thru -6.75): \$4800 _____
- Level 5: (-7.00 thru -7.75): \$5300 _____
- Level 6: (-8.00 and above): \$5700 _____

I have read, understood and agree to the terms above:

Patient Name: _____

Patient Signature: _____

Parent Name: _____
(patients under 18)

Parent Signature: _____
(patients under 18)