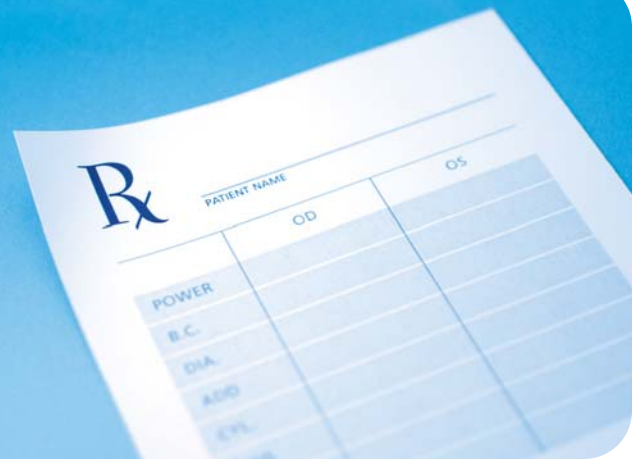




**“ I CARE ABOUT EYECARE ”
BACK TO SCHOOL
\$20 CONTACT LENS REBATE PROGRAM**



Instructions for participating eyecare providers: You must have an Imperial Optical account to place this order. To open an account, you can call our toll-free customer service line at 800-367-8422 and ask to speak to a new account representative or you can visit our website at www.imperialoptical.com and print out a new account form and fax it to 800-803-0455. The new account application form only takes about 5 minutes to complete. During regular business hours (8:30 AM-6:00 PM EST, M-F), new account applications are generally processed within 10-15 minutes, which allows you to start ordering contact lenses almost immediately. Price sheets are available via fax or email upon request. We believe you will find our column pricing among the most competitive in the industry.

Please follow the steps below to complete the “I Care About Eyecare” Back To School \$20 contact lens rebate form.

1. Complete the patient information section.
2. Have patient sign form.
3. Complete the eyecare provider information section.
4. Complete the contact lens prescription information section.
5. Sign the form stating that you have prescribed and have ordered a 1-year supply of contact lenses from Imperial Optical for the above named patient.
6. Fax this form to 800-803-0455.
7. Give the original copy of the rebate form to the submitting patient for their records.

The “I Care About Eyecare” Back To School rebate campaign expires October 1, 2005.

Imperial Optical, Inc. is the #1 independent wholesale contact lens distributor in North America! Our vision is to be the one-stop contact lens provider of choice for eyecare practitioners based on superior service, superior selection and superior savings. We are #1 because we are committed to providing our valued strategic partners with the kind of dependable relationship that is needed in today’s marketplace without compromising on selection or customer service.

PATIENT INFORMATION

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

SIGNATURE _____ DATE _____

EYECARE PROVIDER INFORMATION

NAME _____

IMPERIAL OPTICAL ACCOUNT NUMBER _____

I have prescribed and have ordered a 1-year supply of contact lenses from Imperial Optical for the above named patient.

SIGNATURE _____ DATE _____

PATIENT NAME _____

Rx	EXPIRY DATE:	
	OD	OS
POWER		
B.C.		
DIA.		
ADD		
CYL.		
AXIS		
BRAND		
COLOR		

This rebate is independent of and in addition to any of the manufacturers’ rebate programs. Don’t let this limited-time rebate program pass you or your patients by! Program offer expires on September 30, 2005. Completed rebate forms must be received by Imperial Optical no later than 12:00 a.m. EST on October 1, 2005. Reproductions of this rebate certificate will be accepted. Patient name must be provided at time of order to be eligible for this rebate. Fax completed form with patient and ECP signatures to 1-800-803-0455.