



For ACUVUE® Brand Contact Lenses

If, for any reason, you are not 100% satisfied with ACUVUE® Brand Contact Lenses, return them within 90 days and get your money back.\*

\*Other terms and restrictions apply. See back for details or visit [www.acuvue.com](http://www.acuvue.com).

ACUVUE®  
BRAND CONTACT LENSES

FOR THE LIFE OF YOUR EYES™



Experience all-day comfort with HYDRACLEAR™ technology.



Finally for astigmatism, enjoy crisp, clear vision and comfort all day long.



Revitalize eyes that feel tired and dry in challenging environments.



Feel the freedom of a fresh, new pair of lenses every day.



Benefit from daily- or extended-wear flexibility.\*



See near and far effortlessly.



Enhance or change your eye color.

FOR MORE INFORMATION ASK YOUR EYE CARE PROFESSIONAL, OR VISIT [ACUVUE.COM](http://ACUVUE.COM).

\*Ask your Eye Care Professional which wear schedule is right for you.

### ACUVUE® BRAND PROMISE

Thank you for trusting ACUVUE® Brand Contact Lenses with your vision.

We promise to honor your trust by providing a family of products that delivers the highest levels of vision care and comfort. You can feel confident knowing that every product must pass our extensive quality control process before it is packaged and sold. It is our way of giving you a lifetime of satisfaction with ACUVUE®, the world's leading brand of contact lenses.

**Important information for contact lens wearers:** ACUVUE® Brand Contact Lenses are available by prescription only for vision correction. An eye care professional will determine whether contact lenses are right for you. Although rare, serious eye problems can develop while wearing contact lenses. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your doctor. Do not wear contact lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. If one of these conditions occurs, contact your eye doctor immediately. For more information on proper wear, care and safety, talk to your eye care professional and ask for a Patient Instruction Guide, call 1-800-843-2020 or visit [acuvue.com](http://acuvue.com).



REIMBURSEMENT CERTIFICATE

Patient's Name \_\_\_\_\_

Patient's Address \_\_\_\_\_ (P.O. box not accepted)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender M  F   
(mm/dd/yyyy)

(All fields above are required)

I agree that Johnson & Johnson Vision Care, Inc., may contact me by email to provide messages or other information that may be of interest to me.

Email address \_\_\_\_\_

Is this the first time you have purchased ACUVUE® Brand Contact Lenses?  Yes  No

What ACUVUE® Brand product are you returning?

- ACUVUE® OASYS™ Brand Contact Lenses with HYDRACLEAR® Plus
 ACUVUE® OASYS™ Brand Contact Lenses for ASTIGMATISM with HYDRACLEAR® Plus
 ACUVUE® OASYS™ Brand Contact Lenses for PRESBYOPIA with HYDRACLEAR® Plus
 ACUVUE® ADVANCE® Brand Contact Lenses with HYDRACLEAR®
 ACUVUE® ADVANCE® Brand Contact Lenses for ASTIGMATISM with HYDRACLEAR®
 ACUVUE® 2® Brand Contact Lenses
 ACUVUE® 2 COLOURS® Brand Contact Lenses
 1-DAY ACUVUE® Brand Contact Lenses
 1-DAY ACUVUE® MOIST™ Brand Contact Lenses
 ACUVUE® Brand BIFOCAL Contact Lenses

What brand of contact lenses, if any, were you wearing before you purchased ACUVUE® Brand Contact Lenses? \_\_\_\_\_

Why are you returning your ACUVUE® Brand Contact Lenses? I prefer (Check all that apply):

- The comfort of other contact lenses/glasses
 The vision from other contact lenses/glasses
 The cost of other contact lenses/glasses
 The ease of use of other contact lenses/glasses
 Not wearing any contact lenses

Please complete all 5 steps within 90 days to receive your reimbursement check:

- 1. Complete this original reimbursement certificate and include up to 2 opened product boxes of ACUVUE® Brand Contact Lenses AND unopened contact lens blister packs within those boxes (at least 2 lenses per box is required for ACUVUE® OASYS™ Brand, ACUVUE® ADVANCE® Brand, ACUVUE® OASYS™ Brand for ASTIGMATISM, ACUVUE® OASYS™ Brand for PRESBYOPIA, ACUVUE® ADVANCE® Brand for ASTIGMATISM, ACUVUE® 2 Brand, ACUVUE® Brand BIFOCAL and ACUVUE® 2 COLOURS® Brand; and at least 15 lenses per box is required for 1-DAY ACUVUE® MOIST® Brand and 1-DAY ACUVUE® Brand.).
2. Attach copies of receipts for product purchase.
3. Unopened boxes of product must be returned to the original place of purchase for refund or exchange in accordance with seller's policies.
4. Mail to: ACUVUE® Satisfaction Guarantee 386-040 P.O. Box 460575, El Paso, TX 88546-0575. (Please allow 4-6 weeks for delivery of your refund check.)
5. Keep a copy of your paperwork for your records. See Terms and Conditions.

Terms and Conditions: Offer valid for U.S. residents only. Offer not valid where prohibited by law. Claim must be received within 90 days of product purchase date. Last valid date of purchase: 12/31/10. Limit one reimbursement claim per person. Maximum value of reimbursement equals U.S. \$170.00 for opened boxes. Not valid with the \$30 annual supply rebate, or any other rebate offer. Photocopy of certificate not valid. Allow 4-6 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submission could result in federal prosecution under the U.S. Mail Fraud Statutes (18 U.S. Code, Section 1341 and 1342). 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. Vistakon, Johnson & Johnson Vision Care, Inc. reserves the right to cancel this program at any time without notice.

For questions about the Money Back Guarantee, please call 1-888-565-8474.

Should you have any comments about the quality of ACUVUE® Brand Contact Lenses, please contact Customer Relations toll free at 1-800-843-2020.