

# ACUVUE®

## THE DIFFERENCE IS REAL™

WHETHER YOU ARE A NEW OR EXISTING ACUVUE® LENS WEARER, YOU CAN SAVE WHEN YOU GET AN EYE EXAM AND PURCHASE 8 BOXES OF ACUVUE® BRAND CONTACT LENSES.

Other terms and restrictions apply. See back for more details and to complete your rebate form.

**\$30 REBATE WHEN YOU BUY 8 BOXES OF:**

**ACUVUE®**  
*OASYS*  
with *HYDRACLEAR® Plus*  
FAMILY OF PRODUCTS

*1-DAY* ACUVUE®  
**MOIST**

**\$20 REBATE WHEN YOU BUY 8 BOXES OF:**

ACUVUE® 2™  
ACUVUE® ADVANCE®  
ACUVUE® ADVANCE®  
for ASTIGMATISM

*1-DAY* ACUVUE®  
ACUVUE® BIFOCAL  
ACUVUE® 2 COLOURS™

### 5 EASY STEPS TO GET YOUR REBATE

- 1. EYE EXAM** - Get an eye exam and purchase eight (8) boxes of ACUVUE® Brand Contact Lenses (refer to the list of products on the reverse side). Product must be purchased within 90 days after the eye exam. Limit one rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. This offer not valid in combination with any other offer or rebate.
- 2. COMPLETE REBATE FORM** - Fully complete the rebate form on the back.
- 3. ATTACH BOX TOPS AND RECEIPT(S)** - Attach two (2) eligible box tops, eye exam receipt and product purchase receipt(s).
- 4. MAIL TO:** - 2009 National All Brands Rebate 386-144  
P.O. Box 420542 Dept B • El Paso, TX 88542-0542 (Mail must be received by July 31, 2009\*)
- 5. KEEP A COPY** - Keep a copy of your paperwork for your records. See rebate terms and conditions below. (Please allow 4-6 weeks for delivery of your rebate check.)



#### THE SATISFACTION GUARANTEE

We are so certain you will love your ACUVUE® Brand Contact Lenses that if for any reason you are not 100% satisfied, return them within 90 days and get your money back. Additional terms and conditions apply. See [acuvue.com](http://acuvue.com) for details, or call 1-888-565-8474.

**REBATE TERMS AND CONDITIONS:** Rebate request must be received at the specified address and by the specified date on rebate certificate. Purchases must be made 1/1/09 through 6/30/09\* and received at the mailing address on or before 7/31/09\*. Product purchase must be made within 90 days after eye exam. Limit one rebate per customer, per offer, per ACUVUE® Brand purchase, per yearly eye exam visit. This offer not valid in combination with any other offer or rebate. Offer valid for U.S. residents only. Offer not valid where prohibited by law. Photocopy of the certificate is not valid for redemption. Allow 4-6 weeks for delivery. No P.O. boxes, only street or rural addresses are acceptable. Fraudulent submissions 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. Purchases made at Costco®, WALMART® and 1-800 CONTACTS® not valid on this offer. Participants in ACUVUE® DIRECT™ are not eligible for this rebate program.

\*Johnson & Johnson Vision Care, Inc., reserves the right to cancel this rebate program at any time without notice.

**NOTICE TO CONSUMERS:** If you are personally filing a claim for reimbursement from a third-party payer (e.g., insurance company, employer group, etc.) for the purchase of this product, your claim must be based upon your payment less the amount of this rebate. If your doctor is filing the claim, you must notify the doctor's office of the need to deduct this rebate amount from the purchase price used in calculating the claim.

Patient's First Name\* \_\_\_\_\_ Patient's Last Name\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

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

Doctor's First Name \_\_\_\_\_ Doctor's Last Name \_\_\_\_\_

Practice Name\* \_\_\_\_\_

Mailing Address\* \_\_\_\_\_

City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_ Phone \_\_\_\_\_

**Check box to indicate product purchased\***

\*VALID JANUARY-JUNE 2009

\$30 Rebate		When you get an eye exam and:
<input type="checkbox"/>	ACUVUE® OASYS™ Brand (available on all ACUVUE® OASYS™ products)	buy 8 boxes (send in 2 box tops)
<input type="checkbox"/>	1•DAY ACUVUE® MOIST® Brand	buy 8 boxes (send in 2 box tops)
\$20 Rebate		When you get an eye exam and:
<input type="checkbox"/>	ACUVUE® 2™ Brand	buy 8 boxes (send in 2 box tops)
<input type="checkbox"/>	ACUVUE® ADVANCE® Brand	buy 8 boxes (send in 2 box tops)
<input type="checkbox"/>	ACUVUE® ADVANCE® Brand for ASTIGMATISM	buy 8 boxes (send in 2 box tops)
<input type="checkbox"/>	1•DAY ACUVUE® Brand	buy 8 boxes (send in 2 box tops)
<input type="checkbox"/>	ACUVUE® Brand BIFOCAL	buy 8 boxes (send in 2 box tops)
<input type="checkbox"/>	ACUVUE® 2 COLOURS™ Brand	buy 8 boxes (send in 2 box tops)

**Optional Information:**

By providing my email address, 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:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

I agree that Johnson & Johnson Vision Care, Inc., may contact me by mail at the address above to provide messages or other information that may be of interest to me.

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

When was the last time you purchased ACUVUE® Brand Contact Lenses? MM \_\_\_\_ YY \_\_\_\_

Providing your contact lens prescription will allow us to contact you about new products that relate specifically to your vision correction. Your contact lens prescription can be found on the side of the box of your ACUVUE® Brand Contact Lenses.

ASTIGMATISM customers fill in SPH, CYL, AXIS and BC

**Right eye:** SPH \_\_\_\_ CYL \_\_\_\_ AXIS \_\_\_\_ BC \_\_\_\_ **Left eye:** SPH \_\_\_\_ CYL \_\_\_\_ AXIS \_\_\_\_ BC \_\_\_\_

BIFOCAL customers fill in SPH, ADD and BC

**Right eye:** SPH \_\_\_\_ ADD \_\_\_\_ BC \_\_\_\_ **Left eye:** SPH \_\_\_\_ ADD \_\_\_\_ BC \_\_\_\_

All other customers fill in SPH and BC

**Right eye:** SPH \_\_\_\_ BC \_\_\_\_ **Left eye:** SPH \_\_\_\_ BC \_\_\_\_



**IMPORTANT NOTICE:** If you redeem for the Satisfaction Guarantee, you will not be eligible to receive a rebate. If you redeem for a rebate and then redeem for the Satisfaction Guarantee, you will receive the full amount of the Satisfaction Guarantee minus the rebate amount already issued to you. If your purchase is reimbursed by an insurance plan, you must notify the plan of your rebate or refund. See terms and conditions.

**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.

Available by prescription only. ACUVUE®, ACUVUE® ADVANCE®, ACUVUE® OASYS™, ACUVUE® 2™, ACUVUE® 2 COLOURS™, 1•DAY ACUVUE®, 1•DAY ACUVUE® MOIST®, HYDRACLEAR®, ACUMINDER™, ACUVUE® DIRECT™, and THE DIFFERENCE IS REAL™ are trademarks of Johnson & Johnson Vision Care, Inc. ©Johnson & Johnson Vision Care, Inc. 2009.