



Let's Get Started: Complete the practice information section below

Practice Information:

Practice Name _____

Dr Name _____

Practice Address _____

Practice Phone _____ Fax _____

Email address _____

Choose A Program:

		FRESH DAY SPHERE <u>Inventory</u>	FRESH DAY - choose 1 <input type="radio"/> Astigmatism <input type="radio"/> Multifocal <u>Bank</u>	Payment Terms
<input type="radio"/>	Set 1 \$7,000	100 – 90 packs \$28 per pack (approx. 25 patients)	300 – 30 packs \$14 per pack (approx. 50 patients)	90 days
<input type="radio"/>	Set 2 \$3,550	100 – 90 packs \$28 per pack (approx. 25 patients)	50 – 30 packs \$15 per pack (approx. 8 patients)	90 days
<input type="radio"/>	Set 3 \$1,950	50 – 90 packs \$30 per pack (approx. 12 patients)	30 – 30 packs \$15 per pack (approx. 5 patients)	60 days

Comments: _____