

SAVE UP TO \$75* on ACUVUE® Brand Contact Lenses

Whether you are a new or existing ACUVUE® lens wearer, you can SAVE when you get an eye exam and purchase ACUVUE® Brand Contact Lenses.

*Other terms and restrictions apply. See back for details or visit acuvue.com.

\$30 REBATE

ULTRA COMFORT SERIES™



ACUVUE® OASYS™
buy 8 boxes



ACUVUE® ADVANCE®
buy 8 boxes

\$50 REBATE



ACUVUE® ADVANCE® for ASTIGMATISM
buy 4 or more boxes



ACUVUE® BIFOCAL
buy 4 or more boxes



ACUVUE® 2
buy 8 boxes



ACUVUE®
buy 8 boxes



ACUVUE® 2 COLOURS™
buy 8 boxes



ACUVUE® TORIC
buy 4 boxes



1-DAY ACUVUE®
buy 12 boxes



1-DAY ACUVUE® MOIST™
buy 12 boxes

\$75 REBATE



1-DAY ACUVUE®
buy 24 or more boxes



1-DAY ACUVUE® MOIST™
buy 24 or more boxes



ACUVUE® ADVANCE® for ASTIGMATISM
buy 8 or more boxes



ACUVUE® BIFOCAL
buy 8 or more boxes

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. ACUVUE® 2 COLOURS™ Brand Contact Lenses are available with and without vision correction, so even people without a need for vision correction can wear them once they complete an eye exam, are properly fitted and have had the lenses prescribed by an eye care professional. Although rare, serious eye problems can develop. To help avoid these problems, follow the wear and replacement schedule and the lens care instructions provided by your doctor. Do not wear lenses if you have an eye infection, or experience eye discomfort, excessive tearing, vision changes, redness or other eye problems. You should never share your lenses with anyone else. For more information on proper wear, care and safety, talk to your eye care professional, call 1-800-843-2020 or visit acuvue.com.

THE SATISFACTION GUARANTEE

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 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.

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

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.

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.

REBATE CERTIFICATE

Whether you are a new or existing ACUVUE® lens wearer, you can SAVE when you get an eye exam and purchase ACUVUE® Brand Contact Lenses.

Please complete all 5 steps to receive your rebate check

1. Get an eye exam and purchase the required number of boxes of ACUVUE® Brand Contact Lenses (refer to the list of products on this page).
2. Complete this certificate and attach the required number of box tops (refer to the list of products on this page).
3. Submit your eye exam receipt and product purchase receipt (submissions that do not contain an eye exam receipt will not be honored).
4. Mail to: 2007 National All Brands Rebate 386-116 • P.O. Box 430784, Dept. D • El Paso, TX 88543-0784 (Mail must be received by January 31, 2008.)
5. Keep a copy of your paperwork for your records. **See rebate terms and conditions below.** (Please allow 6 weeks for delivery of your rebate check.)

Patient's First Name¹ _____ Patient's Last Name¹ _____

Mailing Address¹ _____

City¹ _____ State¹ _____ Zip¹ _____

Example of box top



Please do not include box sides or UPC codes

Doctor's First Name _____ Doctor's Last Name _____ ¹ Required field

Practice Name¹ _____

Mailing Address¹ _____

City¹ _____ State¹ _____ Zip¹ _____ Phone _____

Check box to indicate the product purchased¹

\$30 REBATE

	ULTRA COMFORT SERIES
<input type="checkbox"/> ACUVUE® OASYS™ with HYDRACLEAR® Plus	buy 8 boxes (send in 5 box tops)
<input type="checkbox"/> ACUVUE ADVANCE® with HYDRACLEAR®	buy 8 boxes (send in 5 box tops)
<input type="checkbox"/> ACUVUE® 2	buy 8 boxes (send in 5 box tops)
<input type="checkbox"/> ACUVUE®	buy 8 boxes (send in 5 box tops)
<input type="checkbox"/> ACUVUE® 2 COLOURS™	buy 8 boxes (send in 5 box tops)
<input type="checkbox"/> ACUVUE® TORIC	buy 4 boxes (send in 3 box tops)
<input type="checkbox"/> 1-DAY ACUVUE®	buy 12 boxes (send in 8 box tops)
<input type="checkbox"/> 1-DAY ACUVUE® MOIST™	buy 12 boxes (send in 8 box tops)

\$50 REBATE

<input type="checkbox"/> ACUVUE ADVANCE® for ASTIGMATISM	buy 4 or more boxes (send in 4 box tops)
<input type="checkbox"/> ACUVUE® BIFOCAL	buy 4 or more boxes (send in 4 box tops)

\$75 REBATE

<input type="checkbox"/> 1-DAY ACUVUE®	buy 24 boxes (send in 14 box tops)
<input type="checkbox"/> 1-DAY ACUVUE® MOIST™	buy 24 boxes (send in 14 box tops)
<input type="checkbox"/> ACUVUE ADVANCE® for ASTIGMATISM	buy 8 or more boxes (send in 5 box tops)
<input type="checkbox"/> ACUVUE® BIFOCAL	buy 8 or more boxes (send in 5 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 address: _____ Birthdate: _____ mm/dd/yyyy

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? _____

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 _____

Coupon expires 12/31/07

Rebate Terms and Conditions: Purchase must be made between January 1 and December 31, 2007, and received at the above address by January 31, 2008. Product purchase must be made within 90 days after your 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. The promotion period is from 1/1/2007 to 12/31/2007. 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® not valid on this offer.

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. Offer valid for U.S. residents only. Offer good only in the U.S. Offer not valid where prohibited by law.

THE SATISFACTION GUARANTEE

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

1. Complete an original reimbursement certificate and include up to 2 opened product boxes of ACUVUE® Brand Contact Lenses AND unopened contact lens blister packs (at least 2 lenses per box is required for ACUVUE® OASYS™ Brand, ACUVUE ADVANCE® Brand, ACUVUE® 2 Brand, ACUVUE® Brand BIFOCAL, ACUVUE® 2 COLOURS™ Brand and ACUVUE ADVANCE® Brand for ASTIGMATISM; at least 8 lenses per box is required for ACUVUE® Brand TORIC, and at least 15 lenses per box is required for 1-DAY ACUVUE® and 1-DAY ACUVUE® MOIST™ 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.

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

What ACUVUE® Brand product are you returning?

- | | |
|--|---|
| <input type="checkbox"/> ACUVUE® OASYS™ | <input type="checkbox"/> ACUVUE ADVANCE® with HYDRACLEAR® |
| <input type="checkbox"/> ACUVUE ADVANCE® for ASTIGMATISM | <input type="checkbox"/> ACUVUE® |
| <input type="checkbox"/> ACUVUE® 2 | <input type="checkbox"/> 1-DAY ACUVUE® |
| <input type="checkbox"/> ACUVUE® BIFOCAL | <input type="checkbox"/> ACUVUE® TORIC |
| <input type="checkbox"/> ACUVUE® 2 COLOURS™ | <input type="checkbox"/> 1-DAY ACUVUE® MOIST™ |

Your Name _____

Your Address _____

City _____ State _____ Zip _____ (P.O. box not accepted)

(All fields above are required)

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 address _____

Birthdate: _____ mm/dd/yyyy Gender M F

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.

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):

- | | |
|--|--|
| <input type="checkbox"/> The comfort of other contact lenses/glasses | <input type="checkbox"/> The vision from other contact lenses/glasses |
| <input type="checkbox"/> The cost of other contact lenses/glasses | <input type="checkbox"/> The ease of use of other contact lenses/glasses |
| <input type="checkbox"/> Not wearing any contact lenses | |

Satisfaction Guarantee 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: 12/31/07. Limit one reimbursement claim per person. Maximum value of reimbursement equals U.S. \$170.00 for opened boxes. Not valid with the 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. For questions about the Satisfaction 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.

ACUVUE®, ACUVUE® OASYS™, ACUVUE ADVANCE®, ULTRA COMFORT SERIES™, HYDRACLEAR®, 1-DAY ACUVUE®, 1-DAY ACUVUE® MOIST™, ACUVUE® 2 COLOURS™ and FOR THE LIFE OF YOUR EYES™ are trademarks of Johnson & Johnson Vision Care, Inc. ©Johnson & Johnson Vision Care, Inc. 2007

