

Agreement for "14 Day Evaluation Program" and purchase of seeBOOST

Prior to committing to purchase seeBOOST, customers may utilize the "14 Day Evaluation Program" described below.

Step #1: Telephone pre-screening with the Company

We speak with you to discuss your visual condition. The purpose of this conversation is twofold:

- For you: to answer your questions about how seeBOOST may help you with daily activities;
- For us: to ascertain if seeBOOST is a good fit for you and your expectations.

Once we jointly establish that seeBOOST is likely to meet your needs, you complete the attached **seeBOOST 14 day Evaluation Order Form** and send it to us. We will not charge any amounts to your credit card until after the end of the 14 day Evaluation Period if you decide to keep seeBOOST.

Step #2: Identify a local optometrist

In order for you to try seeBOOST, we need the help of an optometrist local to you. We can identify one for you, or you can pick one yourself. We will also be glad to help you make the appointment. Any licensed optometrist will do, they need not be specialized in low vision.

Step #3: Visit your local optometrist and get an eye exam

The optometrist fills-out the **seeBOOST Prescription Form**. This requires a conventional eye exam (called "refraction") and a few additional measurements commonly performed in any optometrist's clinic. Please note that you will have to pay your optometrist directly for their services. Be sure to explain to the optometrist that you plan to return for a second visit for fitting seeBOOST when you receive it (Step #5), and that they should include that service in your initial visit's fee, so that you know exactly what your costs will be in advance. The **seeBOOST Fitting Instructions** describe to the optometrist what needs to be done.

If you already have a recent (less than one years old) eyeglass prescription, we will gladly look at it and tell you what additional information is needed. There is a good chance that you will still need to go to a local optometrist to perform the additional measurements. When the seeBOOST Prescription Form is completed, you (or the optometrist) will send it to us. The optometrist may prefer for you to send us the form, due to patient privacy regulations.

Step #4: We manufacture your custom seeBOOST prescription glasses and ship them to you

Step #5: You make the second visit to the optometrist for fitting seeBOOST to your face

When you receive seeBOOST, and before you do anything else with it, we ask you to go back to your optometrist who will fit seeBOOST to your face. This is very similar to fitting prescription glasses with progressive lenses. This is a short visit, typically requiring 15 minutes. Next is your training phase.

Step #6: We work with you by telephone to teach you how to use seeBOOST

Once you go home, we will then spend time on the phone with you to help you get acclimated to your new seeBOOST. We will need a well-sighted person (such as a family member, friend or caretaker) to be present during the initial few telephone training sessions. We will gladly spend as much time, and as many times as needed, on the phone. Our goal during the 14 day Evaluation Period is to get you to a stage where you are able to make an informed decision whether seeBOOST will indeed help you with at least one task in a way that is beneficial to you. These 14 days, however, will not make you an expert user. That will take more time.

Step #7A: Continued support beyond 14 day Evaluation Period

You decide to keep seeBOOST. Great, because now you embark on continued learning and benefiting in your daily life. First, we will charge the balance of your cost (\$3,500) on the credit card you gave us. Second, we will continue to provide you with telephone support as you desire. Third, the 12-month warranty and 24-month service plans kick-in (at no additional cost to you).

Step #7B: You decide to return seeBOOST

If you decide that you do not wish to keep seeBOOST, you inform us of your intent to return it by the end of the 14 day Evaluation Period, and return it using a pre-paid shipping label and original container. Of course, we regret that you were not able to gain tangible benefit from seeBOOST. We hope that you give us your constructive feedback so that we can continue to make improvements to our product and process, to help us help others like you who could benefit from their own seeBOOST.

Our philosophy

The reason we go through all the extra effort with an optometrist, rather than to merely ship you a seeBOOST, is because seeBOOST is electronic prescription glasses which require adjustment to your face. Secondly, we know that seeBOOST represents a new way of looking at the world, and it requires effort on your part to adapt to its use. We do not expect that you will be able to achieve all your goals within 14 days. Achieving more goals will happen over the course of weeks and months.

Our previous customers who were diligent and patient have been able to beneficially use their seeBOOST on a daily basis to perform many tasks that are otherwise outside of their reach, either with or without any other assistive devices. We emphasize that your efforts are important. Your investment in time and effort now with seeBOOST will pay dividends over a long period of time. seeBOOST is not a cure, and it will never restore your vision to its pre-disease condition. Unfortunately, nothing that we know of today does. However, with you as an active participant, you will be able to regain functional vision to allow you do things that you enjoy.

We give you seeBOOST to try for 14 days for you to decide if it will improve at least one of your daily activities, for you to make an informed decision about not only keeping seeBOOST, but also committing yourself to continue to work with it to gain more benefit by using it for more tasks that you'd like to perform.



Evergaze LLC
1878 Firman Drive
Richardson, TX 75081 USA

seeBOOST 14 day Evaluation Order Form

Customer (named and signed below) agrees to evaluate seeBOOST for an Evaluation Period of 14 days from the date of Customer's receipt of seeBOOST. At the expiry date of the Evaluation Period, Customer either:

- a) Returns the seeBOOST unit in good condition and all accessories to Evergaze (using the provided packaging and pre-paid shipping label) and to notify Evergaze (by phone at 972-643-8498 or email at sales@seeboost.com), or
- b) Purchases seeBOOST and pays the remaining balance of \$3,500.00 by credit card. Evergaze will automatically charge the credit card listed below the amount of \$3,500.00 upon the expiration of the 14-day Evaluation Period unless notification of return is received by that time.

CUSTOMER INFORMATION

Name	Email	Phone number
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Shipping address

Customer signature	Date of order
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PAYMENT INFORMATION

Cardholder name (if different from Customer)

Cardholder address

Credit / debit card number	Expiration date	CVV/CID code
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Cardholder signature (if different from Customer)

Please email this form to sales@seeboost.com or Fax at 972-637-7205



seeBOOST Prescription Form

As a result of Patient contemplating the purchase of seeBOOST electronic prescription glasses, please complete all the items on this Form. You may use your own prescription form, but please include the additional information in the notes. If you have any questions, please call us at (972) 643-8498, email us at sales@seeboost.com, or visit our web site at www.seeboost.com.

Patient's name

Date of exam

OPTOMETRIST

Name

Email

Phone number

License No.

State

REFRACTION

	SPH	CYL	Axis	Distance PD⁽²⁾ (monocular)	BCVA⁽³⁾
OD (Right / RT) ⁽¹⁾	_____	_____	_____	_____	_____
OS (Left / LT) ⁽¹⁾	_____	_____	_____	_____	_____

- (1) Please circle **OD** or **OS** above for the eye where seeBOOST will be attached (the better eye)
- (2) Measure each eye's monocular PD for Distance vision (at infinity). Be sure patient is gazing straight ahead
- (3) Best Corrected Visual Acuity for distance vision

FRAME SIZE

Select the closest matching frame size for Patient. We want a slightly tight fit on the temples. seeBOOST frames are metal with spring hinges.

_____ **Small (51-16-140)**

_____ **Large (54-16-140)**

_____ **Large & long stem (53-16-145)**

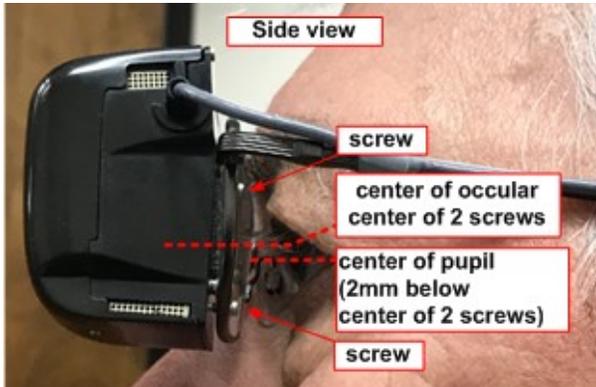
check only one choice above

Please email this form to sales@seeboost.com or Fax at 972-637-7205

seeBOOST Fitting Instructions

Step #1: Vertical adjustment

Adjust the nose pieces to place the center of ocular (between the two screws, see Side View) approximately 2mm above the center of the pupil when looking straight ahead.

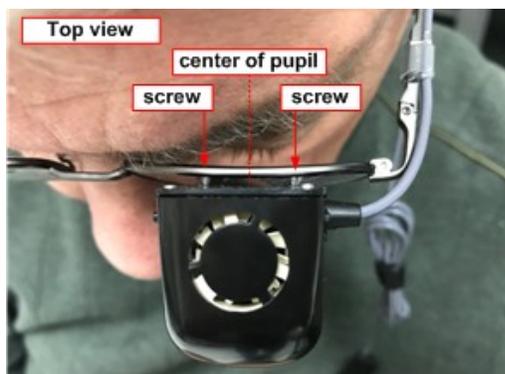


Step #2: Horizontal adjustment

Ensure seeBOOST is snug to the patient's face using the nose bridge, and the frames are evenly centered on the patient's face.

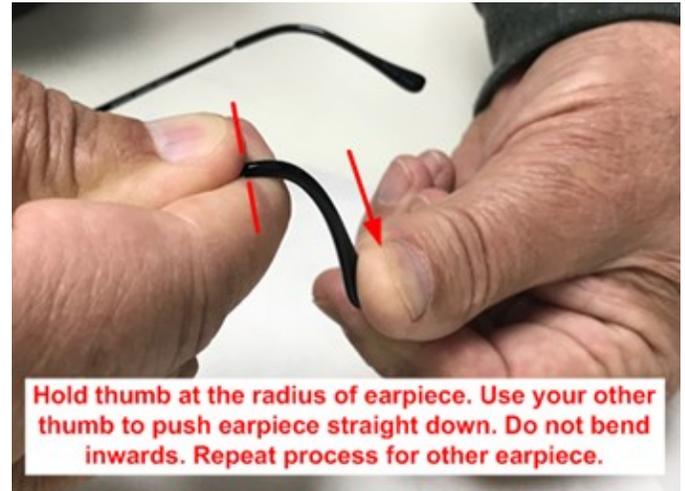


Looking down on the patient's head, confirm that the ocular is centered horizontally onto the pupil. If not, you can offset the nose pieces slightly to compensate for that misalignment.



Step #3: Earpieces adjustment

Adjust earpieces to assure the frames do not slide down the nose when tugged slightly at the bridge (or when patient's head is tilted straight downwards).



Pull down on the bridge of the seeBOOST to ensure they do not fall down. If they slide down, adjust the nosepiece and earpieces as needed.



Step #4: Recheck

- Ask patient to remove the glasses and then put them on again.
- Confirm glasses remain properly aligned vertically on the nose bridge (if not, repeat procedure as needed)
- Repeat this procedure one more time (to help patient remember).

**If you have any questions, please call us at
(972) 643-8498**