

seeBOOST Demonstration / Assessment / Evaluation Program

Our philosophy

seeBOOST are electronic prescription glasses which require a proper prescription from a licensed eye care professional. seeBOOST requires your brain to acclimate to a new way of looking at the world. We do not expect that you will be able to achieve all your realistic goals within the short Evaluation Period. This will take weeks or months of patient practice. Most importantly, it takes a commitment on your part to embark on this journey to improve your functional vision. Our job is to provide you with this tool we call seeBOOST, as well as with guidance, training, support and encouragement.

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 Demonstration / Assessment / Evaluation Order Form** and send it to us. We will not charge any amounts to your credit card until you decide to keep seeBOOST within the Evaluation Period.

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 arrange for payment to your optometrist 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.

Step #6: We conduct the seeBOOST Assessment / Demonstration / Evaluation by telephone

We will schedule a 60- to 90-minute telephone meeting with you to allow us to determine and assess how well seeBOOST is suited for you, and for us to demonstrate seeBOOST to you. At the end of this first session, you and we will have a better understanding on how to proceed, and if another evaluation phone session is needed. It is necessary that a well-sighted person (a family member, friend or caretaker) be present during this initial telephone session. One goal during this initial consultation is to enable you to make an informed decision whether seeBOOST will indeed help you with at least one task in a way that is beneficial to you. Additionally, this will also allow us to develop and propose a training protocol aligned to your goals. This is only the first step towards helping you achieve your goals, which will require more time, effort, patience and diligence on your part. Our job going forward will be to help you throughout that process.

Step #7A: You decide to commit to seeBOOST; we begin training and support

You decide to purchase and 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 (\$3,499) on the credit card you gave us. Second, we will embark on a telephone training program based upon what we jointly agreed to during the Evaluation Period. Third, the 12-month warranty and 24-month service plans commence (at no additional cost to you).

Step #7B: You decide seeBOOST is not right for you

If you decide that you do not wish to keep seeBOOST, you inform us of this decision and return it (in good condition with all the accessories) using a pre-paid shipping label and original container. Of course, we regret that seeBOOST does not appear to be a good match for you. We will ask for 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 customers' experience

Our previous customers who were diligent and patient are able to beneficially use their seeBOOST for many hours each day to perform many tasks that would otherwise be outside of their reach. Your investment in time and effort now using seeBOOST will pay dividends. seeBOOST is not a cure, and it will never restore your vision to its pre-disease condition. Unfortunately, nothing and no one (including the world's best doctors) can. However, with you as an active participant, and seeBOOST as your tool, you will be able to regain functional vision to allow you to do things that you enjoy.



seeBOOST Demonstration / Assessment / Evaluation Order Form

Customer (named and signed below) agrees to evaluate seeBOOST for an Evaluation Period. At any time during the Evaluation Period, but no later than the expiry date, Customer either:

- a) **Returns** seeBOOST in good condition and all accessories to Evergaze (using provided packaging and pre-paid shipping label) and notifies Evergaze (972-643-8498 or sales@seeboost.com), or
- b) **Purchases** seeBOOST and pays the full invoice amount of \$3,499 by credit card. Evergaze will automatically charge the credit card listed below the amount of \$3,499 upon notification by Customer of their desire to purchase seeBOOST, but not later than the expiration of the 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 *(if you prefer to use a payment plan, please ask us about this)*

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

Patient is contemplating the purchase of seeBOOST electronic prescription glasses. Please complete all the items on this Form. 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

EYECARE PRACTITIONER

Name

Email

Phone number

License No.

State

REFRACTION

	SPH	CYL	Axis	Distance PD ⁽²⁾ (monocular)	BCVA ⁽³⁾	seeBOOST ⁽¹⁾ (better eye)
OD (Right / RT)	_____	_____	_____	_____	_____	<input type="checkbox"/>
OS (Left / LT)	_____	_____	_____	_____	_____	<input type="checkbox"/>

(1) Check only one **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 customer gazes straight ahead

(3) Best Corrected Visual Acuity for distance vision

Was auto-refraction used?

YES

NO

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)

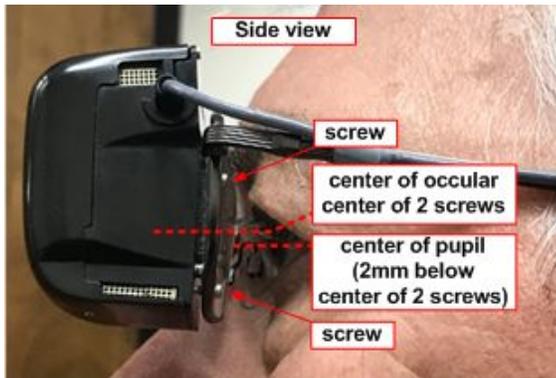
Long stem (53-16-145)

(check only one)

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

Step #1: Vertical adjustment

Adjust the nosepieces 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.

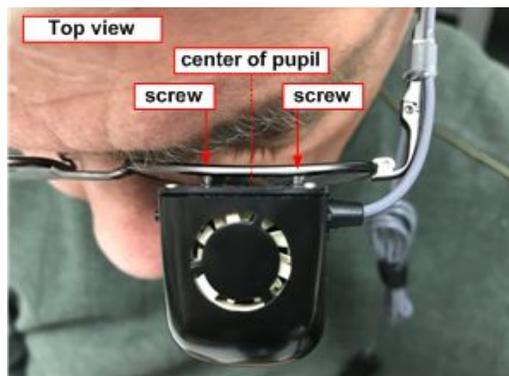


Step #2: Horizontal adjustment

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

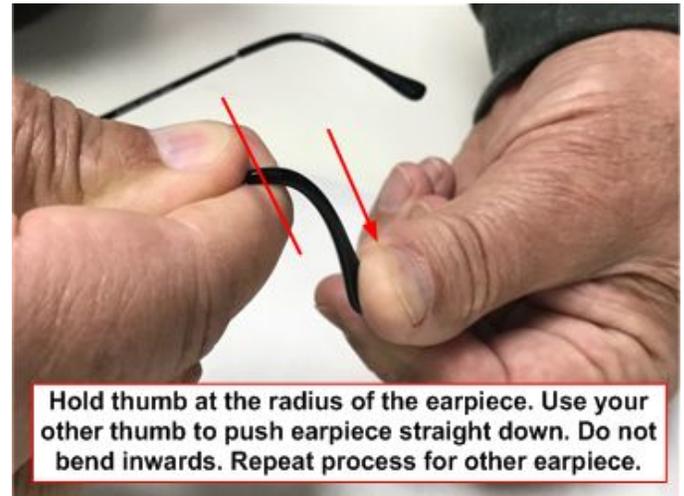


Looking down on the patient's head, confirm the ocular is centered horizontally onto the pupil. If not, offset nose pieces slightly to compensate for that misalignment.



Step #3: Earpieces adjustment

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



Push down on the bridge of frames to ensure they do not slide down nose. If they slide down, adjust nosepiece and earpieces as needed.



Step #4: Recheck

- Ask patient to remove glasses and 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