

# **Sales Information Manual**

Lenstec, Inc. 1765 Commerce Ave N, St. Petersburg, Florida 33716 Toll Free Phone: 866-LENSTEC (536-7832), Toll Free Fax: 866-536-3040

**PKB09 Rev 20** 



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# **About LENSTEC**

LENSTEC is a Florida based Ler medical device corporation servicing the global ophthalmic market, with Lenstec products currently available in more than fifty countries. The company designs, manufacturers, and distributes intraocular lens (IOL) implants to treat patients with a range of vision disorders, as well as lens injection systems and other ophthalmic surgical supplies.

Founded in 1992, Lenstec has an established reputation for rapid prototype design and development, and high-quality manufacturing.

### **Lenstec Barbados Manufacturing Office**

The proprietary lens manufacturing technologies developed by Lenstec enable the company to produce premium lenses with reduced variability and improved surgical predictability.

In addition, most of the micro-precision lathes, mills, polishing equipment, silicone molds, processing equipment, and processes are designed and built inhouse by Lenstec's engineering staff. Approximately 12 percent of all IOLs sold worldwide are produced on Lenstec-designed equipment sold to other manufacturers.

Lenstec currently has offices in Florida and the United Kingdom, and a state of the art manufacturing facility in

### Lenstec Headquarters, St Petersburg, Florida



Barbados, designed by Lenstec to exceed all medical device standards and with the capacity to meet future demand for Lenstec products. Lenstec first received the CE Mark in 1997, and the new facility was certified by British Standard Institution upon completion.

At Lenstec, we continuously strive to improve vision possibilities through research, testing, and a partnership with the world's leading ophthalmologists. We welcome your interest in the company and any questions you may have about our products and services or opportunities to partner with us.



Lenstec is an ISO 13485 Registered company manufacturing CE and FDA products.



FM 38446



LENSTEC, INC. 1765 Commerce Avenue North Saint Petersburg, Florida 33716

Toll Free Phone: 1-866-LENSTEC (1-866-536-7832) Toll Free Fax: 866-536-3040

E-mail: orders@Lenstec.com

**Softec HD:** High Definition Intraocular Lens in .25 diopter increments from +15.00 to +25.00

Optic Size:	5.75mm
Optic Type:	Equal Conic Bi-aspheric
Length:	12.00 mm
Haptic Style:	Modified C
Angulation:	0 Degrees
Construction:	1 Piece
Positioning Holes:	0
Optic Material:	Acrylic Hydrophilic (26% Water Content)



**Constants (Optical Interferometry):** 

Immersion:	A = 118.3
SRK/T:	A = 118.3
Holladay-1:	sf = 1.39
Hoffer Q:	pACD = 5.14

The A-Constant and ACD values printed are estimates only. It is recommended that the surgeon determine his or her own values based on their individual clinical experience.

**Diopter Range:** 

Whole: + 5.0 to +36.0 Half: +10.5 to +29.5 Quarter: +15.00 to +25.00



U.S. Patent No. 7,350,918 B2 April 1, 2008

Softec HDO - Oval, High Definition Intraocular Lens in .25 diopter increments from +15.00 to +25.00

Optic Size:	5.75 mm x 6.5 mm	
Optic Type:	Equal Bi-aspheric	
Length:	12.5 mm	
Haptic Style:	Modified C	
Angulation:	0 Degrees	
Construction:	1 Piece	
Positioning Holes:	0	
Optic Material:	Acrylic Hydrophilic (26% Water Content)	



**Constants (Optical Interferometry):** 

Immersion:	A = 118.54
SRK/T:	A = 118.54
Holladay-1:	sf = 1.48
Hoffer Q:	pACD = 5.28

The A-Constant and ACD values printed are estimates only. It is recommended that the surgeon determine his or her own values based on their individual clinical experience.

**Diopter Range:** 

Whole: + 5.0 to +36.0 Half: +10.5 to +29.5 Quarter: +15.00 to +25.00



**Softec HDM-** High Definition, Micro-Incision Intraocular Lens in .25 diopter increments from +15.00 to +25.00

Optic Size:	5.75mm	
Optic Type:	Equal Conic Bi-aspheric	
Length:	12.00 mm	
Haptic Style:	Modified C	
Angulation:	0 Degrees	
Construction:	1 Piece	
Positioning Holes:	0	
Optic Material:	Acrylic Hydrophilic (26% Water Content)	



**Constants (Optical Interferometry):** 

Immersion:	A = 117.80
SRK/T:	A = 117.80
Holladay-1:	sf = 1.11
Hoffer Q:	pACD = 4.85

The A-Constant and ACD values printed are estimates only. It is recommended that the surgeon determine his or her own values based on their individual clinical experience.

**Diopter Range:** 

Whole: + 5.0 to +36.0 Half: +10.5 to +29.5 Quarter: +15.00 to +25.00



## Softec I - One-Piece Acrylic Foldable Intraocular Lens

Optic Size:	5.75mm
Optic Type:	Equiconvex
Length:	12.00 mm
Haptic Style:	Modified C
Angulation:	0 Degrees
Construction:	1 Piece
Positioning Holes:	0
Optic Material:	Acrylic Hydrophilic (26% Water Content)

**Constants (Optical Interferometry):** 

Immersion:	A = 118.3
SRK/T:	A = 118.3
Holladay-1:	sf = 1.39
Hoffer Q:	pACD = 5.14



The A-Constant and ACD values printed are estimates only. It is recommended that the surgeon determine his or her own values based on their individual clinical experience.

### **Diopter Range:**

Whole: + 5.0 to +36.0 Half: +10.5 to +29.5



## **ClearView 3 - One-Piece Acrylic Segmented Bifocal Intraocular Lens**

Optic Size:	5.75mm Refractive,	
Optic Type:	aspheric segment bifocal; +3.00 at IOL plane	ClearView
Length:	11.00 mm	Multifocal IOL
Haptic Style:	Closed Loop, Modified Plate	S
Angulation:	0 Degrees	
Construction:	1 Piece	
Optic Material:	Acrylic Hydrophilic (26% Water Content)	

## **Constants (Optical Interferometry):**

Immersion:	A = 118.0
Holladay-1:	sf = 1.22
Hoffer Q:	pACD = 4.97
Barret	LF=1.36
Haigis	a0=0.537 a1=0.333 a2=0.126

The A-Constant and ACD values printed are estimates only. It is recommended that the surgeon determine his or her own values based on their individual clinical experience.

Diopter Range:	Whole:	+15.0 to +30.0
	Quarter:	+15.0 to +25.0
	Half:	+15.5 to +30.0

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## **INJECTION SYSTEM**



## **I9011S – Push Titanium Injector**

## I-9012 – Large-Knob Threaded Titanium Injector

## I-9012FS – Small-Knob, Fine-Threaded Titanium Injector (Large Knob available)

## **CARTRIDGES AND DISPOSABLE INJECTION SYSTEM**



LC16, CART45S – Single use Micro-incision cartridge, 45° bevel and silicone tip, designed to fit comfortably through a 2.7 incision, 10 / box

CARTM – Single use Micro-incision cartridge, 45° bevel and silicone tip, designed to fit a Softec HDM IOL comfortably through a 2.2 mm incision size - 10 / box

LC1645SI – Single use disposable injector with Micro-incision cartridge, 45° bevel and silicone tip, designed to fit comfortably through a 2.7 incision -10 / box (the above also available in 2.4 mm for larger IOLs – LC24)

## **Consignment Information**

On the following page is your consignment agreement with LENSTEC

Please note the main points listed below:

- LENSTEC pays the shipping for the initial consignment. The Customer pays for the shipping of replacement lenses.
- The Customer assumes responsibility for the safe storage and handling of the consignment. The IOLs must be stored in dry conditions between 0°C (32°F) and 45°C (113°F), and the lenses should be handled carefully; rough handling or excessive handling may damage the lens.
- The Customer is responsible for the quantity and value of consigned lenses.
- A physical inventory of the consignment will be conducted twice per year. If the inventory count is less than what our records reflect, the Customer agrees to provide implant information and a purchase order for payment of implanted or unaccounted for lenses.
- Payment shall be made net thirty (30) days from the invoice date.
- The Customer agrees not to sell, trade, borrow, or exchange lenses with any other entity without prior arrangements approved by LENSTEC
- Any lens to be returned (i.e., exchange of consignment, overstock, expired etc.) must be accompanied by an Inventory Return (IR) form which may be obtained at <u>www.Lenstec.com/customers</u>. The shipping label, which is at the customer's expense, must be affixed to the outside of the carton and the completed Inventory Return Form <sub>enclosed</sub>. Any credit for purchased lenses or to your consignment for lenses will not be given until product is received.
- It is possible to change the total quantity of lenses on consignment by contacting your sales representative.
- FIFO (First in, first out) inventory usage is encouraged in order to avoid having expiring lenses.
- As replacement lenses are ordered, Lenstec will include a Consignment Transfer document and packing slip .
- An initial consignment order will not be shipped until the following "Implant Consignment Agreement" is signed and a copy is sent to LENSTEC.
- Customer may select an Open Consignment and order lenses as needed by initialing Section 2.

### **IMPLANT CONSIGNMENT AGREEMENT**

This Implant Consignment Agreement is made the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between Lenstec, Inc., ("LENSTEC") at 1765 Commerce Avenue North, Saint Petersburg, Florida 33716, and \_\_\_\_\_\_("CUSTOMER") at \_\_\_\_\_\_.

### LENSTEC and CUSTOMER agree as follows:

#### **SECTION 1. PRODUCT CONSIGNED**

The number of IOLs and instruments (namely, injector) allowed in a CUSTOMER's consignment is directly related to the estimated number of LENSTEC implants performed. The size of the consignment may be reviewed and adjusted from time to time at LENSTEC's discretion. It is understood and agreed that the CUSTOMER is under no obligation to purchase a certain volume of IOLs.

#### **SECTION 2. OPEN CONSIGNMENT OPTION**

Customer may choose to add lenses as needed rather than receiving a full consignment of inventory. If so, Customer agrees to provide a bill-only purchase order to LENSTEC for billing once the lens is implanted. CUSTOMER is also responsible for freight charges for add-to consignment lenses. CUSTOMER may later decide to have a full consignment upon completion of an Initial Consignment PO Order Form. **CUSTOMER**, **please Initial here for Open Consignment Option**:

#### **SECTION 3. SHIPPING AND HANDLING**

LENSTEC will pay the shipping and handling charges related to the initial consignment. CUSTOMER will pay for any future shipping charges. All shipping related claims for shortages, shipping errors, lost, stolen or damaged lenses must be made to LENSTEC within thirty (30) days of shipment.

#### **SECTION 4. TITLE**

While title to consignment lenses will remain with LENSTEC until implantation, the CUSTOMER assumes total responsibility for the safe storage of the consignment and agrees to be responsible for the quantity and value of consigned lenses. The IOLs must be stored in dry conditions between 0°C (32°F) and 45°C (113°F), and the lenses should be handled carefully; rough handling or excessive handling may damage the lens. CUSTOMER will be responsible for the lens charges resulting from damage to or loss of consignment lenses while the lenses are in the CUSTOMER's care, custody, and control. As lenses are replaced in the consignment, it is understood that the consignment lenses may differ from those originally shipped.

#### SECTION 5. IMPLANT INVENTORY MAINTENANCE

The CUSTOMER agrees to e-mail (orders@Lenstec.com), fax (1-866-536-3040), or phone (1-866-536-7832) to the LENSTEC CUSTOMER Service Department the implants used from the consignment inventory and to order lens replacements. The CUSTOMER agrees to allow any Lenstec Inc. representative access to the consignment inventory. A LENSTEC representative will conduct a physical inventory twice per year of the consignment stock. If the total quantity of consigned lenses be less than what Lenstec Inc.'s records reflect, the CUSTOMER agrees to provide the representative with implant information and a Purchase Order for payment of implanted or unaccounted for lenses. LENSTEC has the right to reduce the inventory to return the consignment to a reasonable level based on inventory usage. Lenstec Inc. reserves the right to request the return of any unused lenses.

#### SECTION 6. IMPLANT BILLING AND INVOICE TERMS

The initial consignment of lenses will be accompanied by a packing sheet specifying the lenses consigned. When lenses are implanted and serial numbers and diopters are reported for billing, an invoice will be based on the negotiated price of the lens, namely:

Softec HD	\$ per lens	ClearView 3	<pre>\$ per lens</pre>
Softec HDO	\$ per lens	Softec HDM	\$per lens
Softec I	\$per lens		

A consigned replacement will be shipped unless otherwise noted.

Payment shall be made net thirty (30) days from the invoice date. Past due invoices may be assessed a monthly service charge at the lower of 1.5% per month or the highest rate permitted by law. In the event of nonpayment of the invoices within the terms specified, LENSTEC reserves the right to refuse to deliver and/or terminate the Consignment Agreement.

#### SECTION 7. CUSTOMER USE OF THE CONSIGNMENT

The CUSTOMER agrees as to each lens style, power, and size to use FIFO, namely in the order in which delivered, with those lenses first delivered being used before subsequently delivered lenses. The CUSTOMER agrees not to sell, trade, borrow, or exchange lenses with any doctor, hospital, or any other entity without prior contractual arrangements approved by LENSTEC

#### SECTION 8. RETURNS, REPLACEMENTS, EXCHANGES

LENSTEC agrees to accept all consigned lenses for return at the termination of this agreement provided that the lenses are in their original, sealed packages and are accompanied by a completed Lenstec Inventory Return Form. Customer is responsible for shipping. Lenstec Inc. will accept lenses for exchange due to packages being opened or for lenses with sterility dates close to expiration (within 6 months) or lenses that have expired. LENSTEC agrees to accept any unopened lens consignment for exchange for a lens of any style,

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power, or size. Any lens to be returned (i.e. exchange of consignment, expired, etc.) must be accompanied by an Inventory Return (IR) form which may be obtained by visiting <a href="http://www.Lenstec.com/customers">http://www.Lenstec.com/customers</a>. The customer is responsible for shipping. Any lens which had contact with the patient or the subject of a possible complaint must be returned with a completed Return Authorization (RA) Form. The Lenses which have contact with the patient should be called into Customer Service for an RA# and prepaid label must be affixed on the outer carton, and if there has been patient contact, the lenses must be sent back under biohazard label. Once a return is received at Lenstec and is processed, a credit to the account or to the consignment will be issued. No credits are issued without receipt of product and completed Return Authorization form.

All lenses that become opened and not used without patient contact will be retained and returned to Lenstec accompanied by a completed Return Authorization (RA) form. No lens shall be destroyed in any way at your facility. The RA form may be obtained at <u>http://www.Lenstec.com/customers</u>. Customer is responsible for return postage. A replacement will be sent upon receipt of the lens, if one is requested, or the Customer may contact Lenstec Customer Service to add to your facilities consignment. Customer is responsible for shipping charges of replacement lenses.

#### SECTION 9. ADJUSTMENTS OR TERMINATION OF CONSIGNMENT AGREEMENT

It is possible to change the total quantity of lenses on consignment by contacting Lenstec Customer Service. LENSTEC or the CUSTOMER may terminate this agreement by giving thirty (30) days advance notice in writing to the other party at the address specified in this agreement. Upon notice of termination, the CUSTOMER agrees to return all consignment lenses within fourteen (14) days. LENSTEC will invoice all consignment lenses not returned. The basis for these charges is agreed to be the current prices in effect on the date of termination of this agreement.

#### **SECTION 10. TAXES**

Prices quoted do not include applicable sales or use taxes. CUSTOMER shall be responsible for and will pay to LENSTEC all sales and use taxes resulting from a consignment or sales under this agreement.

In those states where intraocular lenses are subject to sales and use taxes, the CUSTOMER must supply a valid Resale or Exemption certificate, if applicable, in order for LENSTEC not to charge sales and use tax.

### SECTION 11. GOVERNING LAW; CONTRACT SCOPE

This agreement shall be governed by the laws of the state of Florida. It is agreed by you, the CUSTOMER, and LENSTEC that this written agreement constitutes the total agreement between the parties regarding the subject matter hereof. No verbal agreement will be recognized. Representatives have no authority to alter or amend the terms and/or the provisions of this agreement. Any amendments or alterations require the written approval of the Vice President of Sales & Marketing.

#### **SECTION 12.** Instrument Consignment:

Client agrees to consign the following number of instruments, with a cost of \$600.00 per injector if not returned to Lenstec.

strument Set: Number of Instruments to consign:				
I-9011S Push Injector & Lens Loader II				
I-9012FS Fine Screw Twist Injector & Lens Loader	· II			
I-9012 Twist Injector & Lens Loader II				
CUSTOMER HOLDING CONSIGNMENT	BILLING INFORMATION (if dif	ferent from shipping)		
Account Name	Account Name			
Shipping Address	Billing Address			
City, State, Zip	City, State, Zip			
Customer Signature Date				
Print Name	Signature of Lenstec Representa	ative		
Title	Return signed agreement to:	Lenstec, Inc. 1765 Commerce Ave N St. Petersburg, FL 33716		

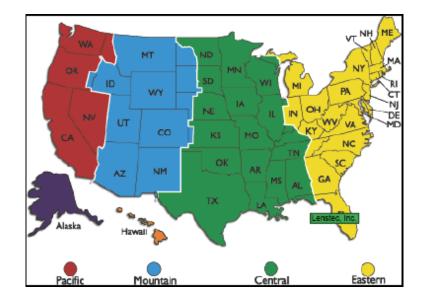
## **LENSTEC Order Information Definitions**

Orders can be faxed, e-mailed, or phoned to our Customer Service Department.

- ✓ Faxed orders: 1-866-536-3040, see fax form in this manual
- ✓ E-mail orders: <u>orders@Lenstec.com</u>, can use fax form to scan & e-mail
- ✓ Call-in orders: 1-866- LENSTEC (536-7832), ask for Customer Service

Please note the following items on your order:

- $\checkmark$  Today's date , required delivery date, and surgery date
- ✓ Lenstec Sales Representative's name
- ✓ Account name and address and name of person placing the order
- Note if order is "Bill and Replace", "Add to Consignment", "Bill Only", or Direct Purchase" (see definitions, next page)
- $\checkmark$  Standard shipping is 2<sup>nd</sup> day, so please note if you prefer a different option.
- ✓ Express orders received by 5:00 PM EST (Eastern Standard Time) and Ground orders received by 3:30 PM EST will be shipped the same business day via Federal Express.



### "Bill and Replace"

- The lenses used in surgery are from a consignment with LENSTEC.
- In order to replace those lenses to your consignment, the lenses that were implanted must be reported to LENSTEC.
- The implanted lenses will be billed to your facility. 0
- Replacement lenses of the same model and diopter will be shipped to your facility for your consignment.

## "Bill Only"

- The lenses used in surgery are from a consignment with LENSTEC.
- o If you mark the order "bill only," the implanted lenses will be billed to your facility and not replaced to your consignment.

## "Add To Consignment"

• Under special circumstances, lenses outside your consignment range may be added to your consignment for a specific surgery or if a need exists to expand your consignment in a particular diopter or range of diopter.

### "Direct Purchase"

o Lenses and other products that are ordered from LENSTEC and billed at the time of shipment.

# **Patient Implant Identification Cards**

As each Lenstec Intraocular Lens box includes a Patient Implant Identification Card to complete, please utilize the Prepaid Business Reply Envelopes included with each order shipment to mail the completed cards back to Lenstec.

The data from these cards is used in the event Lenstec needs to contact your facility regarding a particular lens or series of lenses, and is also used to reconcile your account to ensure all implanted lenses have been reported to Lenstec for billing.

Please contact Lenstec Customer Service if you should need more envelopes.



LENSTEC Toll Free Fax/E-mail Re-Order Form

# Fax To: 1-866-536-3040 or E-mail To: orders@Lenstec.com

Order Date:	Re	quired Delivery Da	ite:	Surgery Date:				
Account #:	P.C	D. #:	Lensted	: Sales Rep:				
Account Name:		Name of Person Ordering:						
Account Address:		City, State, Zip:						
Type of Order:	_Bill & Replace	Bill Only	_Add to Consignment	tDirect Purchase				
Shipping Method:	Ground	Express Saver _	2 <sup>nd</sup> Day	Standard Overnight				
		Priority Overnight	First Overnigh	t				
	DL Re-Ord	der Form	Surgeon's	Name: Dr				
	Place IOL Label He	ere		Place IOL Label Here				
	Place IOL Label He	ere		Place IOL Label Here				
	Place IOL Label He	ere		Place IOL Label Here				
	Place IOL Label He	ere		Place IOL Label Here				
	Place IOL Label He	ere		Place IOL Label Here				

 Page \_\_\_\_\_ of \_\_\_\_\_
 No. of Boxes of Cartridges needed with this reorder: \_\_\_\_\_

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Acct #:	Order Date:	Surgeon's name:	Page of
	Place IOL Label Here	Place	IOL Label Here
	Place IOL Label Here	Place	IOL Label Here
	Place IOL Label Here		IOL Label Here
	Place IOL Label Here		IOL Label Here
	Place IOL Label Here	Place	IOL Label Here
	Place IOL Label Here	Place	IOL Label Here
	Place IOL Label Here	Place	IOL Label Here

## Fax to: 1-866-536-3040 or E-mail to: orders@Lenstec.com

No. of Boxes of Cartridges needed with this reorder: \_\_\_\_\_

# **Return of Unopened Product to Lenstec**

Please follow the instructions to return any unopened product to LENSTEC:

- ✓ Complete an Inventory Return Form (IR) which may be obtained on page 22 or by visiting <u>www.Lenstec.com/customers</u>.
- ✓ Ship the item(s) to be returned and the completed IR Form to the following address to Lenstec. Return shipping is at the customer's expense. Lenses should be returned to Lenstec Returns, 1765 Commerce Ave N, St Petersburg, FL 33716. <u>Please</u> note the Return and Refund Policy on bottom of this page.

# Return of Opened-and-not-Used Lenses or Lenses which Have Contact with the Patient

When a Lens has been opened and not used, has had contact with the patient, or is the subject of a complaint or adverse event, the lens should be retained and returned to Lenstec for proper determination and/or disposal:

- 1) Complete the **Return Authorization (RA) Form** found on Page 20 or may also be downloaded at <u>www.Lenstec.com/customers</u>. Please indicate if you would like a replacement lens or contact Customer Service to add the lens to consignment.
- 2) Return the completed RA Form along with the device and any packaging to LENSTEC, 1765 Commerce Avenue North, St Petersburg, FL 33716.
- 3) <u>If the device had contact with the patient or is the subject of a complaint</u> or adverse event, please contact Lenstec Customer Service for a <u>Return Authorization Number and Prepaid Return Label.</u>

# LENSEC Return and Refund Policy

As of September 1, 2015, lenses directly purchased through Lenstec may be returned within 30 days from the purchase date for credit to the account. Credits may be used for open invoices and are not refundable.

Both opened and not used and expired lenses which were directly purchased are not eligible for credit. Customer is responsible for return shipping. <u>Any lenses purchased as part of a bulk purchase arrangement at</u> <u>a reduced price are not eligible for return, exchange, or credit.</u>

## **CUSTOMER RETURN AUTHORIZATION FORM**

PLEASE USE THIS FORM FOR OPENED DEVICES ONLY WHICH INCLUDES:

**OPENED & NOT USED, LENSES WITH PATIENT CONTACT OR ISSUE WITH THE LENS.** 

**UNOPENED OVERSTOCK OR EXPIRED DEVICES SHOULD BE REPORTED ON INVENTORY RETURN FORM** 

Contact Person:			Date:	
CUSTOMER DETAILS				
Company Name:				
Account #				
Address				
City	State:		Zip Code:	
Telephone No:		Fax No:		

\*Complete Page 2 for each device with Patient Contact and call Lenstec Customer Service

for a Return Authorization Number. No RA# needed for other returned devices.

ITE	Μ	D	ET.	AI	LS

Device Serial No.	Patient Contact or Issue with the IOL (Y/N)* Complete Pg. 2 for each device	Model/Diopter	Injector (Cartridge) Type & Batch#	Doctor	Reason for Return
					l numbers being returned.
S		FORM AND LENSES	TO LENSTEC CUSTOM	ER SERVICE AT TH	E ADDRESS ABOVE
	Total Returns				
			SHIPPING DETAILS		
Date Shipped	Shipped Via (CARRIER)	No. Cartons		Total Weight (in Ibs)	AWB NUMBER

	CUSTO	MER RET	URN AL	JTHO	RIZATIO	N FC	RM
EVENT SPECIFICS: (PI	lease check all b	oxes that apply to	this event ar	nd make a	dditional copies o	f Page 2	if needed for each device)
Serial Number:					Date of Surgery:		
Did the product have	e any Patient Co	ontact?	☐ Yes	⊡No			
Was the lens itself:	Destroyed	Discarded	□Lost		⊡N/A		
If yes, please state:		1					
Was this an issue due	e to: 🔲 Handli	ng/User Error? (NO p	roduct complain	t)	Defective Produc	t?	Other*
Specifically (check any/	all that apply) :	Loading Issues	Debris on Le	ens	Folding / Unfold	ing Issues	5
Cartridge Defective	Stuck	k in Delivery System	🗖 Broken Hap	otic	Other (note b		Cracked / Torn Lens
Cartridge Lot #:		·					
Was the IOL explante			□ Yes	⊡No			
If yes, Date of implar	nt		Date of Expla	ant			
Was the incision enla			Yes	⊡No			
Was there any patier	nt injury? (if yes,	please explain)	Yes	⊡No			
Was another lens use	ed?			*I	f yes, same model	?	
*Notes / Other:							
LENSTEC STAFF USE	ONLY						
Awareness Date:							
Return Authorization	n Number Assig	ned:		I	By/Date:		



LENSTEC, INC. 1765 Commerce Avenue North, St Petersburg, Florida 33716 Phone: 866.536.7832 Fax: 866.536.3040

C	USTOMER INVE	NTORY	RETURN	FORM
PLEASE USE TH RETURNS)	IIS FORM FOR <u>UPOPENED D</u> OPENED DEVICES SHOULD	EVICES ONLY BE REPORTED	OVERSTOCK, E ON RETURN AU	XPIRED, CONSIGNMENT THORIZATION FORM
Customer #			Date:	
CUSTOMER DETAILS				2
Company Name:				Contact Person
Address	The second s		Freedla	
Telephone No.	Fax No. RETURN COMPLETED FORM		Email:	ABOVE
ITEM DETAILS	RETORN COMPLETED FOR	AND LENGES LE	NSTEC ADDRESS	ABOVE
Device Serial No.	Model & Diopter	Replace Expired Lens? (Y/N)		Reason for Return
Device Serial IV.				
If more than 10	lenses are being returned please at	ttach a list of, or pl	otocopies of all se	rial numbers being returned.
Total L				
FOR INTERNAL USE ONLY				
			FORM PRO	CESSED BY & DATE
Please return lenses ar	nd completed Inventory Return form to	Lenstec Returns, 176	5 Commerce Avenue	North, St Petersburg, Florida 33716

# **LENSTEC Inventory Control**

Periodically, an inventory assessment will be conducted on your consigned lenses with LENSTEC

- ✓ A report will be faxed or e-mailed from our office to the person in your office in charge of completing the inventory assessment.
- ✓ The report will list all IOLs on consignment at your facility by model, diopter, and serial number.
- ✓ The report must be checked by comparing the serial numbers listed to the IOLs on your shelf.
- ✓ After the report is completed, fax or e-mail it back to LENSTEC for verification. The toll free fax number is -1-866-536-3040 and the e-mail is <u>orders@Lenstec.com</u>.
- Any discrepancies or missing lenses will be verified with the person who completed the inventory assessment.
- ✓ After researching the discrepancies, a purchase order will be requested for all implanted or unaccounted for lenses.

You may request to have an inventory assessment done at any time. Please contact Lenstec's Customer Service Department toll free at 1-866-LENSTEC (536-7832) or send an email to <u>orders@Lenstec.com</u>.

# **LENSTEC** Accounting Information

- ✓ Our terms are Within 30 Days from Date of Invoice.
- ✓ We accept VISA, MasterCard, Discover and American Express.
- ✓ Our billing address is: Lenstec, Inc. 1765 Commerce Ave N St. Petersburg, FL 33716 Phone: 727-571-2272
- ✓ If you have any accounting questions, please contact:

Customer Service at toll free 1-866-LENSTEC (536-7832) or send an e-mail to – <u>orders@lenstec.com</u>.

# LENSTEC CUSTOMER NEW ACCOUNT/UPDATE FORM

Facility Name:		
Account Number (Assigned by Lenstec):		
Lenstec Sales Representative:		
Shipping Address:		
Attention:		
Street:		
City, State, Zip		
Billing Address:		
Attention:		
Street:		
City, State, Zip		
Facility Telephone:		
Facility Fax:		
Purchasing Contact Name:		
Title		
Phone:		
Fax:		
Email		
OR/Surgery Contact Name:		
Title		
Phone:		
Fax: Email		
Email		
Accounts Payable Contact Name:		
Title		
Phone:		
Fax:		
Email		
Physicians:		
Name:		
Name:		
Name:		
Network Affiliation (CIRCLE ONE)	HCA SCA NOVAMED OTHER	NONE
Bill Freight Charges to FEDEX/UPS Acct?	FEDEX/UPS (Circle One) Acct#	
Invoice/Statement Delivery (Circle One)	U.S. Mail Email Email Address:	
Lenstec Sales Information Manual	25	PKB09 Rev 20



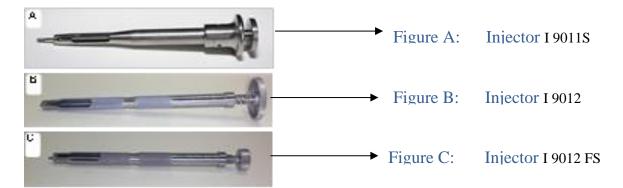
## LENSTEC INTRAOCULAR LENS PRICE AGREEMENT

This Agreement is to set the price						
The effective date of this a						
year(s) from the date of this agreement. time with mutual agreement of customer Lenstec Intraocular Lens Pricing Agreement	However, th and Lenstec	e price of any IG Territory Repre	OL model esentative	may be c upon sig	hanged a	t any
Lenstec Account Number:				-		
Lenstec Territory Representative (TR):				-		
Type of Account (check one):		Direct Purch	ase			
		Lens Consig	nment			
Agreement Type:		New Price A	greement	t		
		Modify Prev	vious Price	e Agreeme	ent	
Intraocular Lens Price:	Softec HD:			_/unit		
	Softec HDC	):		/unit		
	Softec I:			/unit		
	ClearView	3		/unit		
	Softec HDN	1		/unit		
This agreement does not constitute a contra is for price guarantee only. This agreeme Section Five and 11 of the Implant Cor consignment), and shall remain on file at Le	nt supersedensignment A	es any previousl greement (for	y signed F accounts	Price Agre which ha	ement ar ave lense	nd/or s on
Signed this day of	<u>,</u>	,				
Lenstec Territory Representative Signature	Cust	tomer Signature	<u>!</u>			
	Cust	tomer Print Nan	ne/Title			

Lenstec CS Received by/DateFacility NameLenstec Sales Information Manual26PKB09 Rev 20

**Lenstec, Inc.**- Provide lens loading training to Sales Associates and document training. This can be completed on an individual or group basis. See final page for required signatory.

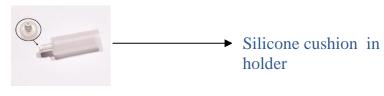
### INJECTION SYSTEM COMPONENTS



### Figure 1



### Figure 2





### HOW TO USE THE LENSTEC Cartridge

### PREPARATION

- 1. Prior to usage, assure that the titanium injector and lens loader have been properly cleaned/decontaminated/inspected and sterilized. Once sterile, they may be transferred to the operative sterile field.
- 2. In the sterile field, peel back the Tyvek<sup>™</sup> cover and place the cartridge and silicone cushion (encased by the silicone cushion holder) onto the sterile operating room tray.

### LOADING THE LENS INTO THE CARTRIDGE / INJECTOR ASSEMBLY

To ensure that the intraocular lens is folded and works effectively and consistently, it is essential to follow the correct procedure when loading the lens in the cartridge.

### The following is a step-by-step guide that explains how to load the injector

*Note: A blue lens was used in the instructions for use for visibility purposes only.* 

### Figure 1



### 1. For CART series cartridges;

- a. Open the CART cartridge flaps and rinse each side of the chamber with saline. (See Fig 1).
- 2. For LC series cartridges:
  - a. Open the cartridge flaps and inject each side of the chamber with viscoelastic. (See Fig 1).
- 3. Making sure that the plunger tip is exposed, use the applicator to fix the silicone cushion onto the plunger tip. Apply a small amount of viscoelastic to the silicone cushion, and then pull the plunger back. (See Fig 2).



4. Remove the lens from its vial. Holding the flaps of the cartridge open slightly wider than 90°, place the lens in the cartridge as you would want it in the eye. Place a partially open pair of sterile, angled forceps (i.e. McPherson, Bechert etc) over the whole lens (including the haptics); press firmly to make sure that the optic edges are placed under the edge of the flaps. As you do this, allow the flaps to close 1/3 to 1/2 way. (See Fig 3).

NOTE: IT IS IMPERATIVE THAT THE IOL BE INJECTED INTO THE EYE WITHIN TWO MINUTES OF REMOVAL FROM THE SALINE FILLED VIAL. DUE TO THE HYDROPHILIC NATURE OF THE LENSES, EXTENDED PERIODS OF TIME OUTSIDE OF THE SALINE WILL CAUSE THE LENSES TO DEHYDRATE AND SUBSEQUENTLY BECOME DAMAGED DURING THE INJECTION PROCESS.

Figure 3



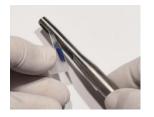
5. Using an appropriate instrument, ensure that the haptics are in the correct position and secure in the cartridge. Ensure that the haptics are not twisted. Close the cartridge flaps swiftly and look at the cartridge chamber from the side and check that no part of the optic or haptics are caught in the flaps. <u>It is imperative to ensure that the trailing haptic is 'tucked' within the boundaries of the chamber prior to injection</u>. Place the lens loader's blunt end into the back of the chamber, while the flaps are still closed, and advance the lens from the chamber to the barrel (See Fig 4). Ensure that the lens loader is advanced to its farthest depth, so that the lens is in the cartridge tip (nosecone). The cartridge is now ready to load in the injector.

## NOTE: FAILURE TO ENSURE THE LENS HAPTIC OR OPTIC IS PROPERLY PLACED IN THE CARTRIDGE CAN LEAD TO DAMAGE DURING INJECTION/ IMPLANTATION



6. Ensuring that the plunger is retracted as far as possible, place the cartridge barrel first into the housing and push it in as far as it will go. (See Fig 5)

### Figure 5



7. Depress the injector plunger so that the silicone cushion fits into the back of the cartridge chamber and advance it forward until you can just see the tip in the barrel. (See Fig 6)

## Figure 6



8. The injector is now ready to use (See Fig. 7)



### **INJECTOR AND CARTRIDGE COMPATABILITY CHART**

**Note:** Using these devices outside of the compatibility chart is not recommended. All validation work and regulatory approvals were verified to be as described in the compatibility below.

### A. Cartridge Compatibility

LC Cartridge Chart							
Cartridge with silicone cushion	IOL	Injector	Tip Diameter (mm)	Lenstec IOL Power range (D)			
LC 16	Softec HD	I-9011S	1.6	5.0 – 26.0			
	Softec I						
	Softec HDM			Softec HDM 5.0 – 36.0			
	Softec I						
LC 24	Softec HD	I-9011S	2.4				
	Softec I / Softec HDO			5.0 – 36.0			
CART Series Cartridge Chart							
Cart 45S/ LC1645SI	Softec HD Softec I Softec HDO	I-9011S I-9012 I-9012 FS	1.6	5.0 – 26.0			
Cart M	SOFTEC HDM	I-9011S I-9012 I-9012 FS	1.7	5.0 – 36.0			

### WARNINGS

- 1. Clean, inspect and sterilize the injector and lens loader before initial use and prior to subsequent use.
- 2. The cartridges are intended for 'Single Use'. Do not resterilize or reuse.
- 3. The cartridges are sterile unless the external pouch is damaged. If this packaging is damaged, do not use.
- 4. Discard used cartridges into medical waste containers
- 5. Do not use aggressive detergents or any kind of abrasive. Never use balanced salt solution for rinsing the instruments.
- 6. The LC Injection System is intended for use only with the intraocular lenses which it is validated for.
- 7. Proper surgical procedure is the responsibility of the individual surgeon. The surgeon must determine the suitability of any particular procedure based upon his/her medical training and expertise.

### Training Verification Documentation: Individual

My signature on this document serves as documentation of illustrated training delivered to Lenstec Sale Representatives (RMRs, individual sales associates, etc) for the purpose of providing training knowledge to Lenstec Inc customers to ensure a safe and effective delivery of the IOL into the human eye.

Lenstec Inc Personnel

Date of training

Sales Representative

Date of training

## <u>Training Verification Documentation: Group</u> – FOR LENSTEC USE ONLY

My signature on this document serves as documentation of illustrated training delivered to Lenstec Sale Representatives (RMRs, individual sales associates, etc) for the purpose of providing training knowledge to Lenstec Inc. customers to ensure a safe and effective delivery of the IOL into the human eye.

Date of	Sales Associate-	Sales Associate-	Trainer- Lenstec, Inc	Trainer-
training	Trainee Name	Trainee Signature	Signature (verifiying	Date
	(Print first and last)		training effectiveness)	
	i.e. sales rep, customer)			