

# Refractive Surgery Consultant™

A Product of Refractive Consulting Group, Inc.

# Elite

Make check payable and mail order to:

Refractive Consulting Group, Inc.

28071 North 90th Way

Scottsdale, Arizona 85262

I am providing the following information for registration, payment and contact purposes.

**Please Print.**

Refractive Surgeon Name: \_\_\_\_\_ Degree: \_\_\_\_\_

Practice\Clinic Name: \_\_\_\_\_

Practice\Clinic Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Above Physician Email: \_\_\_\_\_

### **Additional Practice Information:**

Name Other Practicing Refractive Surgeon: \_\_\_\_\_ Email: \_\_\_\_\_

Name Other Practicing Refractive Surgeon: \_\_\_\_\_ Email: \_\_\_\_\_

Satellite Practice\Clinic Name: \_\_\_\_\_

Satellite Practice\Clinic Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

What is your current LASIK enhancement rate? \_\_\_\_\_ %

### **Software Installation Information:**

Installation(s) will be on Operating System(s): \_\_\_\_\_

Network Platform: \_\_\_\_\_

IT Person - Name: \_\_\_\_\_ IT Person - Email: \_\_\_\_\_

### **New User's Only:**

\$8000.00 representing Payment in full for the Full Install Version of *The Refractive Surgery Consultant™ Elite*

### **Registered User's of The Refractive Surgery Consultant™ 2000 Only:**

\$4000.00 representing Payment in full for the Full Install Version of *The Refractive Surgery Consultant™ Elite*

*Save 50% off Retail Price (I am currently a Registered User of The Refractive Surgery Consultant™ 2000 software program)*

### **Purchase Terms and Conditions**

I am a practicing refractive surgeon and the same refractive surgeon to whom *The Refractive Surgery Consultant™ Elite* software will be registered. I understand that I have 30 days to examine *The Refractive Surgery Consultant™ Elite* software program and understand that I may return the software for a full refund within 30 days of receipt, after which time *The Refractive Surgery Consultant™ Elite* software program is non-refundable. Upon receiving my copy of *The Refractive Surgery Consultant™ Elite* software program, I will read and agree to the terms and conditions of use as described in the "License Agreement" under the section titled "Terms and Conditions of Use" as described at the Web Site [www.RefractiveConsultant.com](http://www.RefractiveConsultant.com) and in the Help files. I acknowledge that this is a first-release of this product and that this use represents the first large-scale testing that has been performed. I agree NOT to use any information obtained from the software program for direct surgical or clinical planning without validating the results against my current technique. I agree to indemnify and hold harmless Refractive Consulting Group, Inc., the developer and distributor of *The Refractive Surgery Consultant™ Elite* and its officers, shareholders, Independent Contractors, and agents from and against any claims and from and against all costs which may be related to any claim, including all defense costs and reasonable legal fees, which arise from or are related to any Surgery, Surgical Outcomes or procedure performed or associated with *The Refractive Surgery Consultant™ Elite* software program. I agree that I will be bound by the terms and conditions set forth in *The Refractive Surgery Consultant™ Elite* Licensing Agreement.

Print – Refractive Surgeon Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature – Refractive Surgeon: \_\_\_\_\_ Date: \_\_\_\_\_