



4600 Greenville Ave Ste 292
Dallas, Tx 75206
Phone: 214-363-5991
Fax: 214-363-9903
Mobilevisioncare.com

LidPro Treatment for that Waxy Eyelid Buildup Now Available

Thank you for allowing us to provide eye care. You are receiving this brochure because at time of exam the doctor noticed a buildup of a yellowish, waxy material on the eyelid(s). Many patients have this accumulation of yellowish waxy material on their eyelids that is hard to get off and causes the eyelids to stay inflamed and the eyes to water and stay red.

This material is usually a result of Staph bacteria or Demodex mite infestation of the eyelids.

Treatment for this usually involves antibiotic eye drops and pills. However, these methods really do a poor job of treating the problem. The better solution is a thorough cleaning and removal of the debris/material and then daily eyelid hygiene.

We now offer solutions to the patient that are available to them in the facility.

First we recommend a procedure called LidPro to thoroughly clean the eyelids and remove this debris and buildup.

Lid Pro is a device similar to an electric toothbrush that has a small silicone pad that gently scrubs this material away.

Secondly we recommend you purchase eyelid wipes that have tea tree oil in them. We offer a subscription service for BlephaDex wipes that will automatically deliver a box of wipes each month. The patient simply opens the package and uses the wipes to clean the eyelids once a day. You can find many brands of eyelid wipes at your local grocery store or pharmacy. We find the subscription model affordable and easy. Please see the enclosed BlephaDex order page.

Our fee for providing the LidPro procedure is \$199 including treating all 4 eyelids.

The cost for the BlephaDex lid wipe subscription is \$19.99 a month plus any applicable tax and shipping. This subscription may be stopped at any time.

If you would like to have the LidPro procedure and/or the lids wipes subscription please fill out the enclosed forms.

Thank you for allowing us to provide care.



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Patient Name: _____ Lawanda Shetter _____ Date: __10/15/2019__

Consent and Authorization to Provide LidPro Eyelid Cleaning Procedure

I _____ authorize Mobile Vision Care, Inc and associated Doctors and / or employees to provide the LidPro eyelid cleaning procedure, also known as Microblepharo Exfoliation, to the patient named above as an effort to remove the waxy material from the eyelids also known as blepharitis.

I understand a numbing gel will first be applied to the eyelids for patient comfort. I understand provider of services will attempt to remove all material but no warranty or guarantee is provided or implied. I understand patient cooperation affects the provider's ability to perform the procedure.

I understand that in the practice of medicine unexpected risks or complications not discussed may and do sometimes occur. Additionally, I understand the provider recommending the procedure receives a portion of the fee for providing the procedure.

I understand there are alternatives to the recommended treatment such as lid scrubs or no treatment at all.

Having read the above I consent to the procedure.

A FEE OF \$199 IS CHARGED FOR THE PROCEDURE. THE FEE IS REFUNDABLE UP UNTIL TIME PROCEDURE IS PROVIDED BUT IS NOT REFUNDABLE ONCE COMPLETED.

Sign Here: _____

Please choose an option of payment below.

- A check for \$199 is enclosed payable to Mobile Vision Care, Inc.
- Please charge my credit card one time fee of \$199.

Card Number _____

Expiration Date _____ CVC Code _____ Zip Code _____

ADVANCE BENEFICIARY NOTICE

For patients on medicare, medicaid or other insurance plans this notice informs you that this procedure is not covered by medicare, medicaid or other insurance. This procedure is elective and is not required to be purchased in order for you to utilize your benefits for covered services.



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Enroll in BlephaDex Eyelid Wipes Monthly Purchase Subscription

I _____ am choosing to enroll in the BlephaDex Eyelid Wipes monthly subscription purchase. I understand I will be charged \$19.99 plus taxes and shipping each month for one box of BlephaDex eyelid wipes. SUBSCRIPTION CAN BE STOPPED AT ANY TIME. NO REFUND CAN BE PROVIDED FOR UNUSED WIPES OR WIPES IN TRANSIT OR ON ORDER.

Please charge my credit card for the BlephaDex eyelid wipes.

Card Number _____

Expiration Date _____ CVC Code _____ Zip Code _____

We will need the following information for processing the order:

Email _____ Phone _____

Sign Here: _____

Please list the shipping address you would like the eyelid wipes shipped to.

Ship to the facility.

Ship to my home address which is listed below.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

ADVANCE BENEFICIARY NOTICE

For patients on medicare, medicaid or other insurance plans this notice informs you that this product is not covered by medicare, medicaid or other insurance. This product is elective and is not required to be purchased in order for you to utilize your benefits for covered services. This or other similar product may be purchased from multiple retail outlets and does not require a doctor's prescription.