



NOW IS THE TIME

TODAY'S DATE: \_\_\_\_\_

Mr.     Ms.    NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE/PROVINCE: \_\_\_\_\_ ZIP/POSTCAL CODE: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_  Cell     Home     Work

E-MAIL ADDRESS: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

**Please select the statment that best describes you:**

- I would like more information about laser vision correction
- I would like a free consultation to see if I am a candidate for LASIK

Fax to TLC Laser Eye Centers<sup>®</sup> Madison  
Fax# 608.245.4028  
\_\_\_\_\_

**Wright Vision Care**  
Drs. Jeffrey Clements, Frederic Gordon, Richard Wright and Lisa Zarwell  
1455 West Main Street | Sun Prairie WI 53590  
608.825.2020 | [www.wrightvisioncare.com](http://www.wrightvisioncare.com)