



Neurolens Lab Guide

Lab Network Policy
Symptomatic Employee Pairs
Ordering Instructions

 **neurolens**[®]
Relief is in Sight

Neurolens Lab Network Policy

Remake

Unlimited within 120 days of original order

Warranty

2 identical warranty within 2 years of original order

Multi-Pair

50% off multi-pairs within 60 days of original order

Employee Pairs

Neurolens team will identify symptomatic staff at launch. Thereafter, upon request.

Satisfaction Guarantee

100% back for non-adapt or satisfaction

Remake

Unlimited remakes on Neurolens within 120 days of the original order date. The patient should have worn the original pair consistently for 2-4 weeks to ensure they have fully adapted to the Neurolenses before a doctor change remake is done. After 120 days from original order date, additional remakes will be billed according to standard Neurolens pricing. Please note that additional upgrades to remakes will be billed accordingly.

Warranty

2 warranty order within 2 years of the original order date related to the premium AR coating on all Neurolens orders. The warranty job must be identical to the original order including frame, design, Rx, and Prism value.

Multi-Pair

All additional Neurolens orders sold to the same patient within 60 days of the original order date will receive a 50% discount. The multiple pair discount will be applied to the least expensive pair. Additional Neurolenses sold to the same patient after 60 days of original order date will be billed according to standard Neurolens pricing.

Employee Pairs

During onboarding, the Neurolens team will work with each practice to identify symptomatic staff members. Vouchers will be given to the practice upon launch to allow those symptomatic staff members to order complimentary pairs of Neurolenses through Founders Optical Lab. Additionally, the practice will have the ability to request additional staff vouchers through the Neurolens portal.

Satisfaction Guarantee

Neurolens order may be returned for a full refund when the patient is fully refunded for a non-adapt or lack of patient satisfaction. The patient should have worn the original pair consistently for 2-4 weeks to ensure they have fully adapted to the Neurolenses before the return. The lab reserves the right to request the physical lenses be sent back to the lab prior to reimbursement.

Symptomatic Employee Pairs

Processed through **Founders Optical Lab**

During onboarding, the Neurolens team will work with each practice to identify symptomatic staff members. Vouchers will be given to the practice upon launch to allow those symptomatic staff members to order complimentary pairs of Neurolenses through Founders Optical Lab.*

Additionally, the practice will have the ability to request additional staff vouchers through the Neurolens portal.

Practice will enter unique voucher code in the order form when placing orders with their lab.

Don't forget your voucher code! Any employee orders with no voucher code present will be billed!

SpecCheck

Patient/Voucher ID

Select Neurolens Options

Neurolens requires some additional information

Type*

Multifocal

Patient ID*

TEST123

Voucher ID

N-1000134

Apply

Want to learn more about **Founders Optical Lab**? visit www.foundersoptical.com or *scan the QR Code* to download their product guide.



Founders Optical
Product Guide

A **Founders SpecCheck setup email** was sent to the practice lab contact during on-boarding.

Didn't get the email? *Scan the QR Code* to complete the customer setup process.



Founders Optical
Customer Setup

* Any order submitted without a valid voucher code present upon submission will be billed.
With valid voucher applied, practice will receive Neurolens Base Design, Base Material (CR-39, POLY, TRIVEX), and Premium AR, at no charge.
Any additional upgrades will be invoiced by lab at standard Neurolens pricing. Tax and shipping charges will apply.

Founders SpecCheck Order Entry

NeuroLens Inc ▼
1234 Lakeshore Dr
Ste 200
Coppell, TX 75019

Larry Lenses
Production Lab: Founders Optical Group

Save Draft 🗑️ **Next**

1 Overview — 2 Rx Entry & Lens Selection — 3 Frame Entry — 4 Order Details Confirmation

Step 1: Overview

General Information

Patient First Name* Patient Last Name*

Patient Email Address Order Type*

Order Options

Redo Order

Redo Type*

Original Order Invoice ID*

Redo Reason*

Home
Drafts
Rewards
Settings

+ Create Order

Essentials Trial ⓘ Upgrade
44 days remaining

Resources & Support
Report Issue

Toggle to Founders Optical Group

Select "Create Order"

Select the Order Type:

- New Order
- Redo Order
- Pair 50 Order
- Single Lens Order

**For Redo or Pair 50, reference original Order Invoice ID/Tray*

Founders SpecCheck Order Entry

NeuroLens, Inc.
1234 Lakeshore Dr Ste 200
Coppell, TX 75019

Test Patient - Multifocal
Production Lab: Founders Optical Group

Save Draft Back Next

Overview 2 Rx Entry & Lens Selection 3 Frame Entry 4 Order Details Confirmation

Step 2: Rx Entry & Lens Selection*

Select Specialty Lens
Let's select the specialty lens for this order

NeuroLens

Select NeuroLens Options
NeuroLens requires some additional information

Type*
Multifocal

Patient ID*
TEST123

Voucher ID
N-1000134 Apply

Rx Details
Enter the Rx details for this order

	SPH*	CYL	AXIS	ADD*	Seg Ht*	Distance PD*	Near PD	I/O Prism	U/D Prism
OD	0			1	23	33		0.71	
OS	0			1	23	33		0.71	

Remove Prism Add Base Curve

Input Patient ID (NL Patients)
and input Voucher Code if
applicable

Split NeuroLens Value to OD and OS
Enter into I/O Prism Fields

Example:
NeuroLens Value is 1.4 BI
Enter OD Prism field as 0.71
Enter OS Prism field as 0.71

All NeuroLens voucher orders must be processed at Founders Optical Lab through SpecCheck ordering platform.

RxWizard Order Entry

Lab Package Edge

Patient PATIENT NAME Rx# 1 OF 2 Type NEW OrigInv#

	Sphere	Cylinder	Axis	PD	Near	Form	Sply	I/O	Prism	U/D	Prism
R	0	-25	90	30				I	0.5		
L	0	-25	90	31.5				I	0.5		

	Lens Style	Material	Color	Add	Seght	Thck	E/C	Ocht	Mode	Add2	Bsize	Base
R	NEUROLENS PAL	B53	CLR	250	IF PAL			IF SV				
L												

Coats NLA Tint Tint Instruction

Frame Mfr REQ Collection NOT REQUIRED Name REQUIRED D Clr

Etype HB Mat ZYLO Eye 50 Bridge 18 Temple style Temple size FTyp

A B 40 ED DBL CSize

Service Codes	Code	RL	Service Instruction
			NL PORTAL PATIENT ID
			OTHER LAB NOTES HERE

Fitting

Back Vertex Distance

Pantoscopic Tilt

Wrap Angle

All fields highlighted are required on every NeuroLens order

Split NeuroLens Value evenly to OD and OS and enter into first Prism fields

PAL = Seght required; SV = Ocht required

Input Patient ID on first Service Instruction for all patient orders

Input multiple pair in Rx# field (i.e. 1 of 2)

Add power entered as 100's (i.e. 2.5 ADD = 250)



Materials

Plastic	P
Trivex 1.53	H53
High Index 1.67	H67
1.74 Ultra Thin Deluxe Index	H74
Blue Block 1.50	B50
Blue Block Trivex 1.53	B53
Blue Block 1.67	B67
Blue Block 1.74	B74
Blue Block Poly	BLY
HI 1.67 Polarized	P67
Polarized 1.74	P74
Poly Polarized	PLP
Polycarbonate	PLY
Trivex Polarized	PRT
Plastic Polarized	PRY
Trivex Transitions	T53
HI 1.67 Transitions	T67
1.74 HI Transitions	T74
Poly Transitions	TPY
Plastic Transitions	TRN

Coatings

Premium AR	NLA
Premium+ AR	NLP
NeuroBlue	NLB
Backside AR	NBS
Mirror AR	MIR

Transition Color Availability

Transitions Signature GEN8

Plastic, Poly, 1.67 HI		Trivex		1.74 HI	
Amber	AMB	Transitions Brown	TBN	Brown	T8B
Amethyst	AMT	Transitions Graphite	TGN	Gray	T8G
Emerald	EME	Transitions Gray	TGY	Transitions Brown	TBN
Sapphire	AMB	Brown	T8B	Transitions Gray	TGY
Transitions Brown	TBN	Gray	T8G	XTRActive 2 Brown	X2B
Transitions Graphite	TGN	Graphite Green	T8N	XTRActive 2 Gray	X2G
Transitions Gray	TGY	Vantage Gray	TVG	XTRActive NG Brown	XTB
Brown	T8B	XTRActive NG Gray	XTG	XTRActive OG Gray	XTG
Gray	T8G	XTRActive NG Brown	XTB		
Graphite Green	T8N	XTRActive 2 Brown	X2B		
Vantage Gray	TVG	XTRActive 2 Gray	X2G		
XTRActive NG Gray	XTG	XTRActive Graphite	XGG		
XTRActive NG Brown	XTB	XTRActive Polar Gray	XOG		
XTRActive 2 Brown	X2B				
XTRActive 2 Gray	X2G				
XTRActive Graphite	XGG				
XTRActive Polar Gray	XOG				

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= Welcome Kaelin = Customer Service: 1-800-874-6601

Pending Order SP3W9VUY Patient Last Name, Patient First Name 12/23/2021 5:10 PM [Instructions](#)

Patient Last Name* Patient First Name
 Patient Last Name Patient First Name

	Sphere*	Cylinder*	Axis*	Addition	Prism1*	Base1*	Prism2	Base2	
RE	+01.00	-01.00	87		00.67	IN			RE
LE	+01.00	-01.00	87		00.67	IN			LE

Dist. PD* Dist. PD*
 (RE) mm (LE) mm (RE) mm (LE) mm

Near PD Near PD
 (RE) mm (LE) mm (RE) mm (LE) mm

Height Height
 (RE) mm (LE) mm (RE) mm (LE) mm

Laboratory* Billing/Shipping Account*

Job Type* Lens Type*

Lens Design* Lens Material* Index: 1.6
 NeuroLens SV Blue Block 1.60

Available Treatments (Click Once To Add)
 Balance Left
 Balance Right
 Edge Coat
 Edge Polish
 Edge Rolled

Selected Treatments (Click Once To Remove)
 Multi Pair Discount
 NeuroLensPremiumAR

[Frames Data Assist](#) [Connect Frames Data Account to Access More Features!](#) [Subscribe to Frames Data now!](#)

Manufacturer Brand Model

Color Eye Size Temple Length [Frame Measurements](#)

Import Trace File No file chosen [Install Drivers](#)

A Box* B Box*
 mm mm mm

DBL* ED
 mm mm mm mm

Select Standard Shape

Frame Type

PO Number Patient ID

VisionWeb Order Entry

All VisionWeb orders should be built from top to bottom. VisionWeb will alert you if any required information is invalid or missing.

Split NeuroLens Value evenly to OD and OS and enter into first prism fields.

Select desired NeuroLens AR under Available Treatments.
 Select Multi-Pair under Available Treatment for any multi-pair order.

Frame Information **or** Frame Measurements are required.

ED **or** Standard Shape is required.

Enter Patient ID in the PO Number Field.

neurolens.com

