RxSIGHT®
LIGHT ADJUSTABLE LENS™

High Quality Customized Vision

Product & Onboarding Overview


1.00
0.50
0.00
-0.50
-1.00
-2.50
3.00
Results you and your patient control
AdjustABILITY
For the first time, you have the opportunity to dial in visual results after cataract surgery with the RxSight® Light Adjustable Lens™.
RxSIGHT
LIGHT ADJUSTABLE LENS

WHY THE LAL?

POST-OP IS THE NEW PRE-OP

The RxSight Light Adjustable Lens (LAL) is the world's first adjustable intraocular lens (IOL) that allows office-based optimization of vision after lens implantation and healing

- The LAL delivers the world's best clinical outcomes for cataract patients
- Overcomes limitations of both pre-operative and intra-operative prediction processes
- Drives blended vision process without glare and halos
- Is a premium channel driver
- Private pay

DOCTORS ARE NOT CONFIDENT WITH CURRENT OFFERINGS

The most important limiting factor of premium IOLs is the inability to consistently meet patients' expectations[1]

Pre-Operative Diagnostics

- Biometry
- Topography
- OCT Imaging

Intra-Operative Tools

- Femtosecond Lasers
- Aberrometry
- Alignment Tools

Additional Procedures

- LASIK Enhancement
- IOL Exchange

1. Market Scope 2019 Annual Survey of Cataract Surgeons

PATIENTS ARE CONFUSED BY CURRENT OFFERINGS

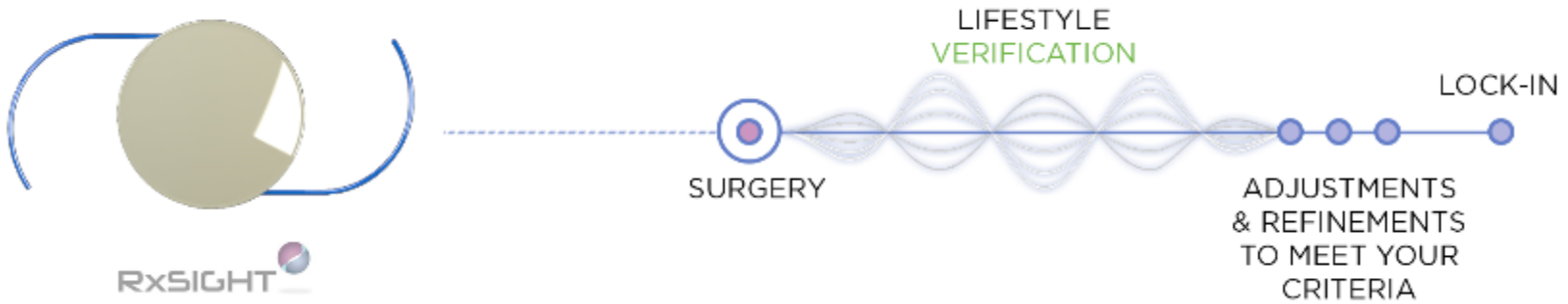
VISION WITH GLASSES	**Monofocal Lens**								
	Corrects cataracts.		For patients who don't mind wearing glasses or contacts for most activities.			Covered by Medicare and most private insurance. Co-pay or deductible may apply.			
DISTANCE VISION WITHOUT GLASSES	**Monofocal Lens with Guide System**			**Monofocal Lens with Guide + Laser**			**Toric Lens with Guide + Laser**		
	Corrects cataracts and minor refractive error.	For patients with no astigmatism who want to minimize the need for distance glasses, but don't mind wearing readers.	Not covered by Medicare or private insurance. Out of pocket cost will apply.	Corrects cataracts and higher degrees of astigmatism.	For patients with moderate to severe astigmatism who want to minimize the need for distance glasses, but don't mind wearing readers.	Not covered by Medicare or private insurance. Out of pocket cost will apply.	Corrects cataracts and mild astigmatism.	For patients with mild astigmatism who want to minimize the need for distance glasses, but don't mind wearing readers.	Not covered by Medicare or private insurance. Out of pocket cost will apply.
DISTANCE AND NEAR VISION WITHOUT GLASSES	**Monofocal Lens with Guide + Laser**					**Depth of Focus Toric Lens with Guide + Laser**			
	Corrects cataracts and presbyopia.	For patients with no astigmatism who want to minimize the need for glasses for reading and distance. Ideal for those who do lots of close detail work or reading fine print.	Not covered by Medicare or private insurance. Out of pocket cost will apply.			Corrects cataracts, astigmatism, and presbyopia.	For patients with no astigmatism who want to minimize the need for glasses for reading, intermediate, and distance.	Not covered by Medicare or private insurance. Out of pocket cost will apply.	
	Depth of Focus Lens with Guide + Laser					**Blended Vision with Guide + Laser (if needed)**			
	Corrects cataracts and presbyopia.	For patients with no astigmatism who want to minimize the need for glasses for reading, intermediate, and distance. Ideal for those who often use a computer or tablet.	Not covered by Medicare or private insurance. Out of pocket cost will apply.			Corrects cataracts and presbyopia.	For patients who have successfully used monovision contact lenses to correct one eye for distance and one for near and wish to recreate this vision with lens implants.	Not covered by Medicare or private insurance. Out of pocket cost will apply.	

A **BETTER WAY** TO DELIVER PREMIUM CATARACT SURGERY

Pre-Operative Prediction

VS

Post-Operative Adjustment



FIRST IOL THAT CAN BE CUSTOMIZED AFTER SURGERY

- **Optical power is adjusted after surgery and healing with noninvasive, in-office light treatment**
  - Patient test drives different refractions
  - Corrects even small residual sphere and cylinder (astigmatism) errors
  - Essentially eliminates need to offer (free) LASIK to patients dissatisfied with their results
  - Optimizes “blended vision” approach to achieve excellent vision at range of distances

PRODUCT OVERVIEW

TECHNOLOGY COMPONENTS

Light Adjustable Lens (LAL)

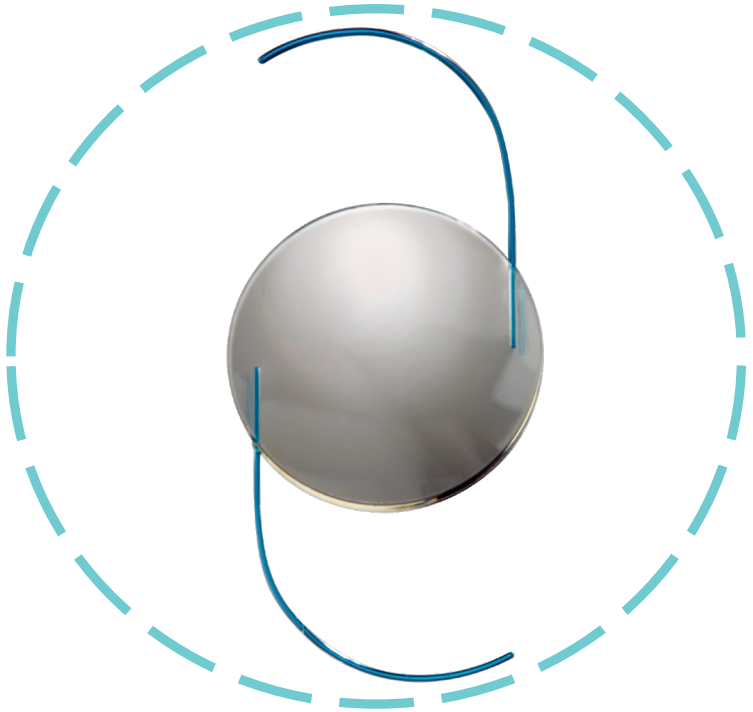
RxSight Insertion Device

RxSight Light Delivery Device (LDD)

THE LIGHT ADJUSTABLE LENS (LAL)

OPTIC BODY

- Photo-reactive UV absorbing silicone
- Biconvex
- Anterior surface – rounded edge
- Posterior surface – squared edge
- 6-mm diameter



HAPTICS

- Blue core polymethylmethacrylate (PMMA) monofilament
- Modified ‘C’
- Haptic angle – 10°
- 13mm – LAL total diameter

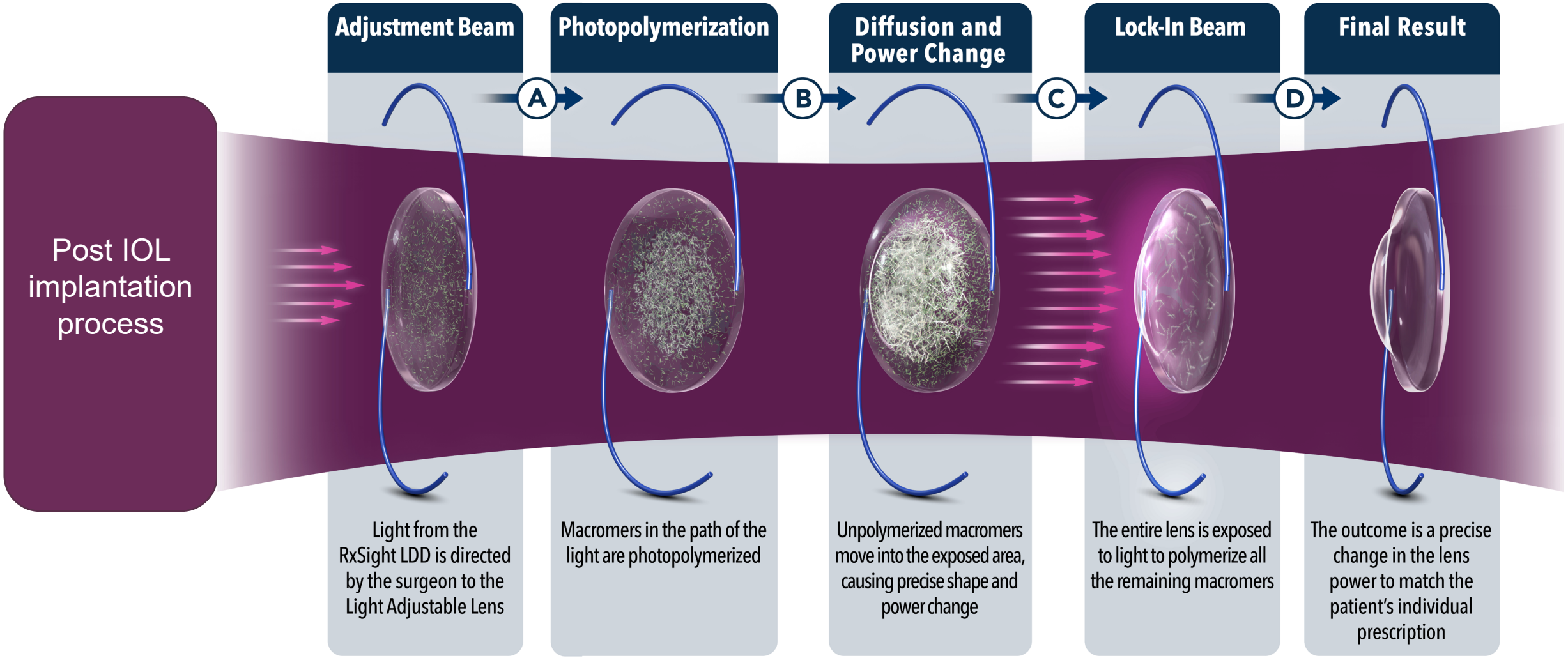
THE LIGHT DELIVERY DEVICE (LDD)

Treatment Range
Sphere -2.00D to +2.00D
Cylinder -0.50 to -2.00D

The RxSight LDD consists of the following components:

- Anterior segment biomicroscope
- Patient chin and headrest
- Computer system for planning and performing light treatments
- Ultraviolet (UV) light projection system

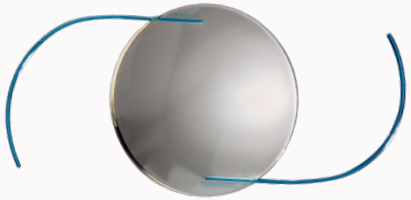
LAL METHOD OF ACTION



RXSIGHT PROCESS

Conventional Cataract Surgery

Light Adjustable Lens



No special tools or diagnostics for LAL implantation

Standard Post Op Refraction

After healing is complete, refraction is done as normally for glasses

Post Op Light Treatment

Refraction is input for non-invasive correction of even small sphere and astigmatism errors

INTERACTIVE POST-OP PROCESS

- Refraction optimized after healing is complete and ocular media clear
- Patient selects preferred prescription
- First ever “patient trial” of final outcome

PATIENT EXPERIENCE FOLLOWING THE LAL PROCEDURE

As the LAL is postoperatively adjusted to deliver customized vision, there are two major differences in the period after cataract surgery

1

Required wear of ultraviolet (UV) protective glasses

2

Completion of light treatments

UV PROTECTIVE GLASSES

- Until the final light treatment is complete, exposure to indoor and outdoor sources of UV light may cause uncontrolled changes to the Light Adjustable Lens.
- To prevent these changes, a special UV protective layer (called ActivShield) has been built into the anterior portion of the LAL.
- For additional protection, patients will also be provided with special UV-blocking glasses to wear during this period. These glasses will provide redundant protection until the last treatment is complete

At the end of surgery, LAL patients are provided with UV protective glasses to help protect the LAL from indoor and outdoor sources of UV light

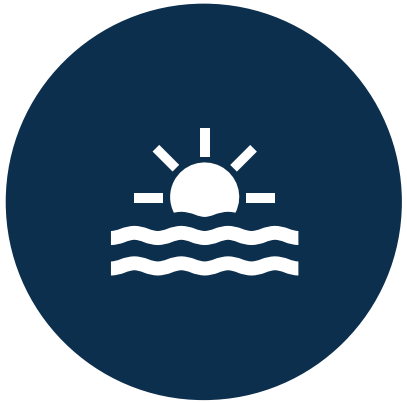
LIGHT TREATMENTS

- Light treatments are painless, non-invasive, and take approximately 90 seconds

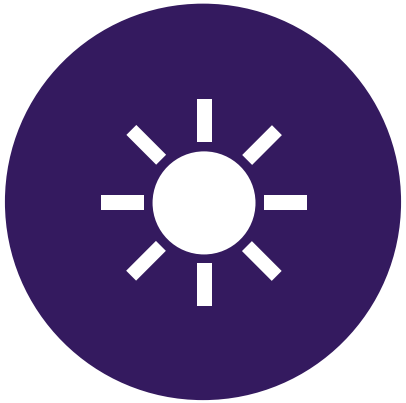
LIGHT TREATMENT SCHEDULE

Initial Light Treatment	At least 17 days after surgery
Secondary Light Treatment	At least 3 days after initial light treatment
Additional Light Treatments (if required)	At least 3 days after each prior light treatment

ActivShield™ UV Protector



FEATURES ACTIVE UV LIGHT SHIELD ON THE ANTERIOR OF THE LENS



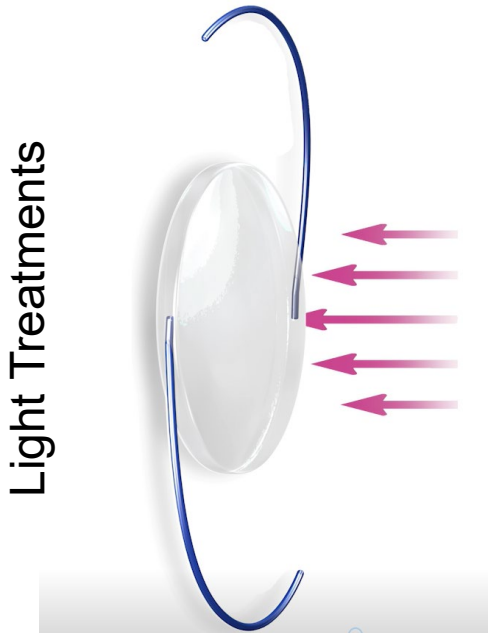
DESIGNED TO SHIELD THE LAL FROM AMBIENT UV LIGHT SOURCES.

REDUCES COMPLIANCE BURDEN (REDUNDANT UV PROTECTION)

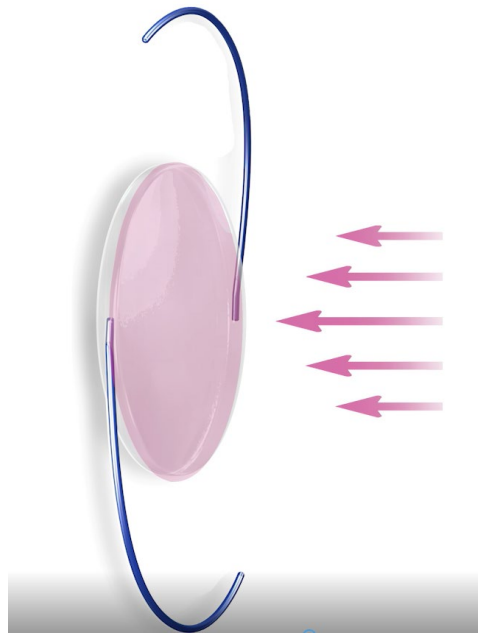
ActivShield™ at Work

How does it work?

During light treatments, the ActivShield automatically opens to allow delivery of the precise light from the Light Delivery Device to adjust the lens. After the treatment is complete, ActivShield is automatically engaged to once again protect the lens from outside UV rays.



ActivShield Open

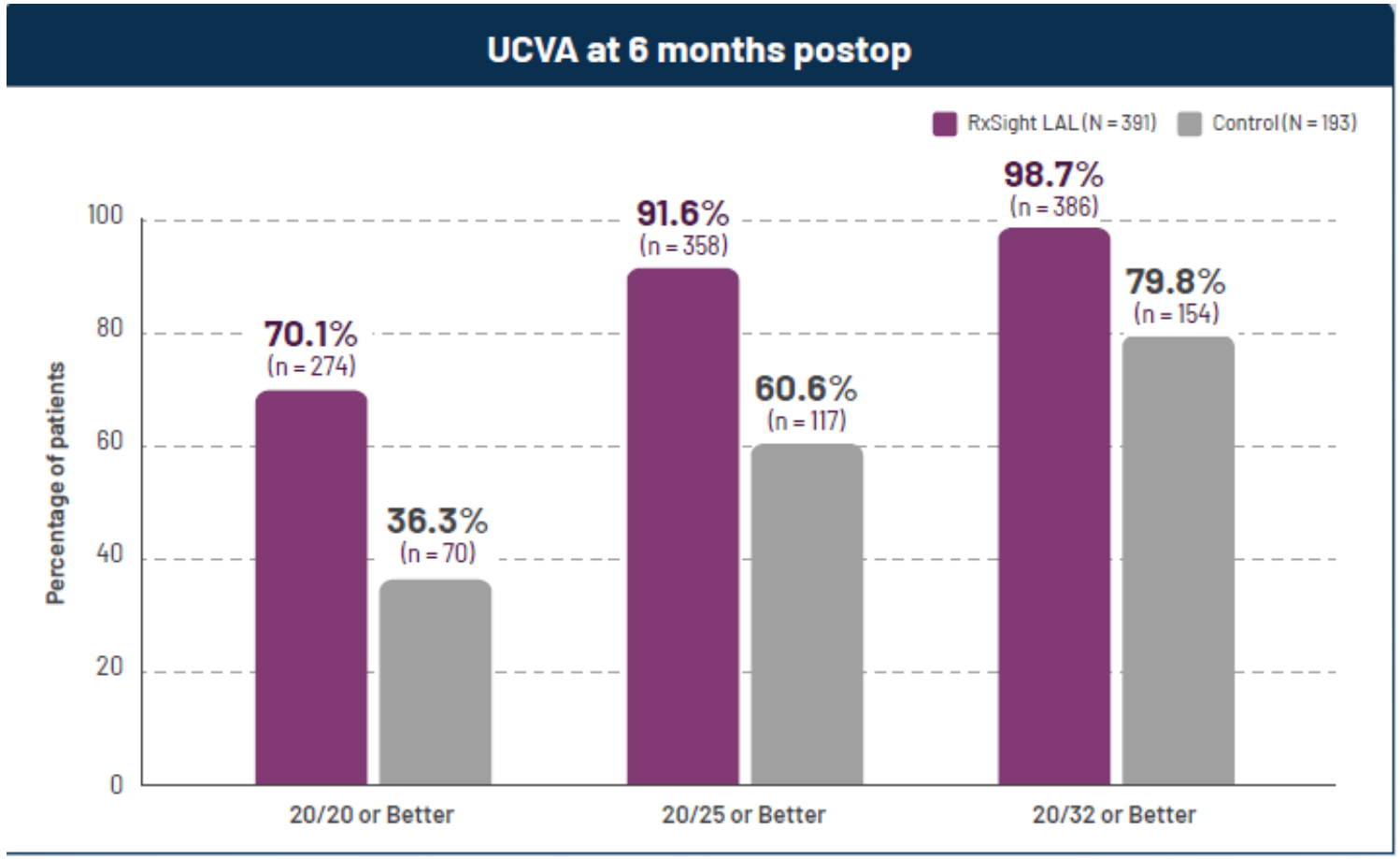


ActivShield Engaged

LAL CLINICAL STUDY RESULTS

LASIK-LIKE ACCURACY WITH LAL CATARACT SURGERY[1,2]

LAL patients are 2x more likely to achieve 20/20 or better vision without glasses at 6 months vs monofocal IOL



92% of eyes (N=391) achieved results within 0.50D of target MRSE

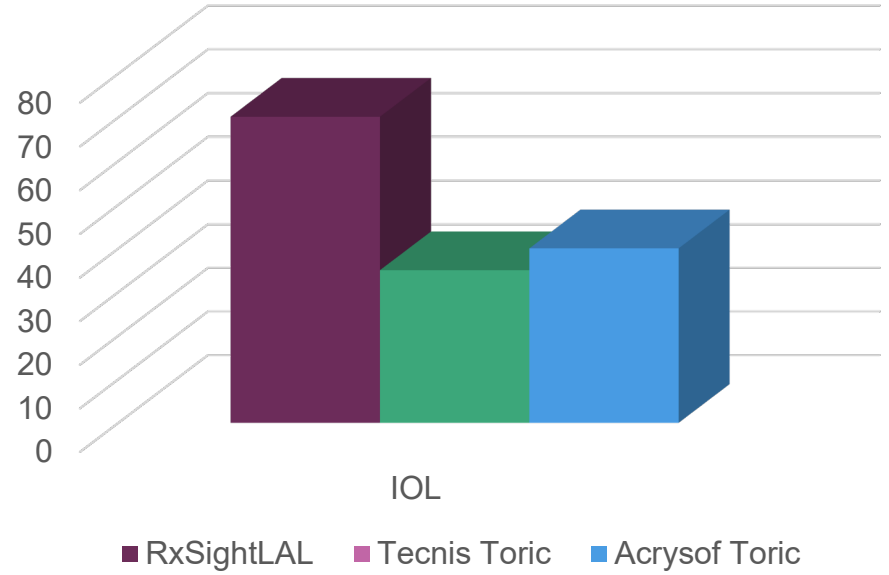
U.S. FDA Clinical Study
Prospective Randomized Study
N=391 (eyes) RxLAL; N=193 (eyes) Control Monofocal
17 U.S. Sites
Phaco and Implantation of RxLAL -Correction of +/- 2 D sphere & 0.75-2.0 D cylinder
6 Month Outcomes

1. RxSight P160055: FDA Summary of Safety and Effectiveness Data. 2017.
2. Sandoval HP, Donnenfeld ED, Kohnen T, et al. Modern laser in situ keratomileusis outcomes. *J Cataract Refract Surg*. 2016;42(8):1224-1234.

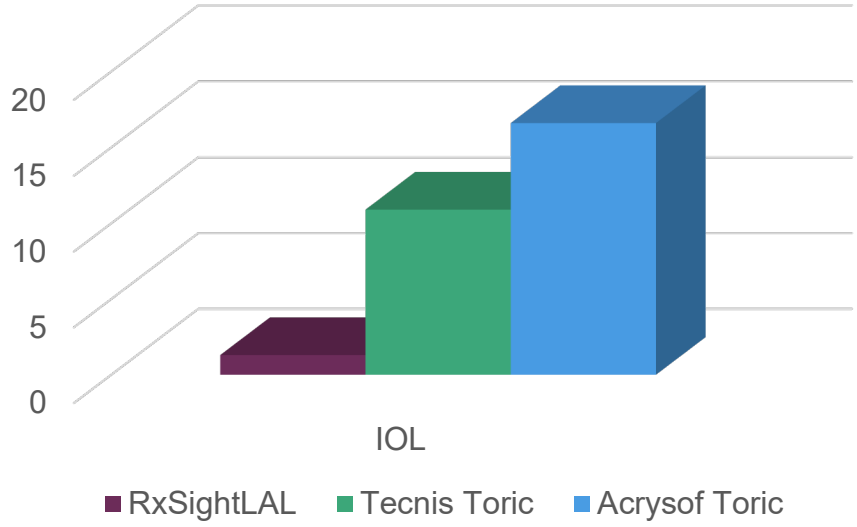
RXSIGHT CLINICAL RESULTS

- 92% of eyes (N=391) within 0.50D of target MRSE, results that rival LASIK[1,2]

LAL patients are ~2x more likely to achieve 20/20 or better vision without glasses at 6 months[1,3,4]



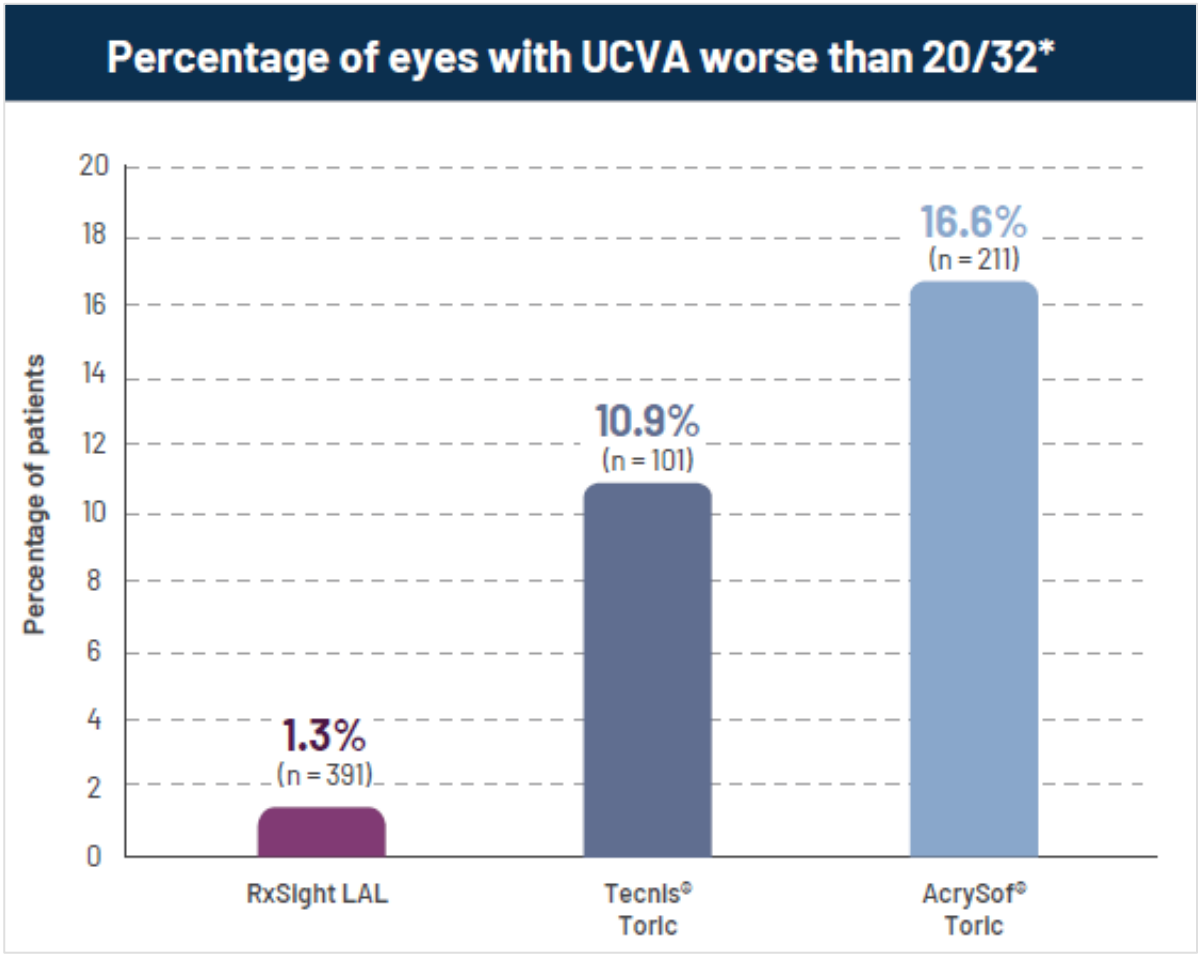
LAL patients are 10x less likely to achieve 20/32 or worse vision without glasses at 6 months[1,3,4]



1. RxSight P160055: FDA Summary of Safety and Effectiveness Data.
2. Sandoval HP, Donnenfeld ED, Kohnen T, et al. Modern laser in situ keratomileusis outcomes. J Cataract Refract Surg. 2016;42(8):1224-1234.
3. Tecnis® Toric PMA P980040/S039: FDA Summary of Safety and Effectiveness Data. 2013.
4. AcrySof® Toric P930014/S45: FDA Summary of Safety and Effectiveness Data. 2011.

REDUCTION IN OUTLIERS[1-3]

Significant reduction in outliers compared to pivotal studies of other lenses



*The *Tecnis*® toric lens was studied in a prospective, multicenter, 2-armed, bilateral study of 4 *Tecnis*® toric models in 269 patients. The primary effectiveness endpoint was the mean percent reduction in cylinder.

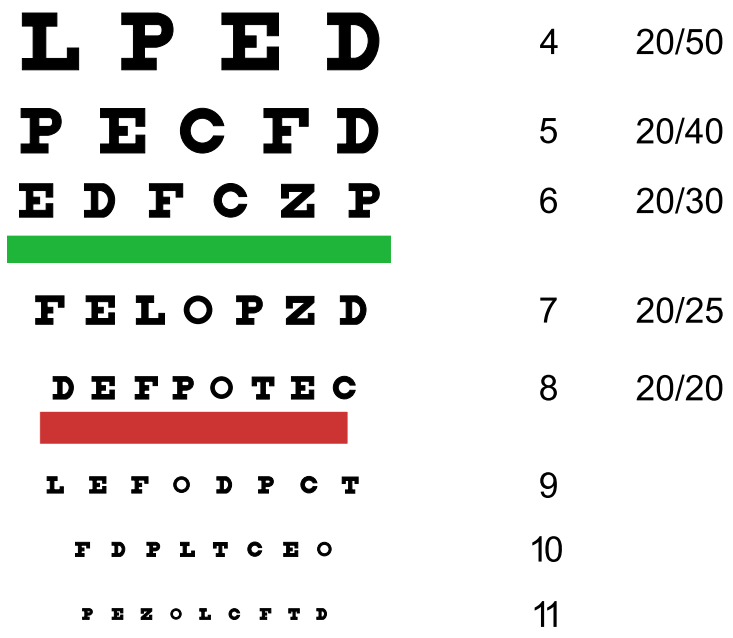
The safety and effectiveness of the *AcrySof*® toric lens were studied in a randomized clinical study of 3 models (SA60TT) and a control lens (SA60AT) in 421 patients.

1. RxSight P160055: FDA Summary of Safety and Effectiveness Data. 2017.
2. Tecnis® Toric PMA P980040/S039: FDA Summary of Safety and Effectiveness Data. 2013.
3. AcrySof® Toric P930014/S45: FDA Summary of Safety and Effectiveness Data. 2011.

RXSIGHT CLINICAL RESULTS

- LAL also significantly improves uncorrected vision in patients with low cylinder correction (≤1 D)

	RxSight LAL[1]	Tecnis Toric[2]	Acrysof Toric[3]
Improvement in Mean Uncorrected Vision	1-1.5 lines	0 lines	No data

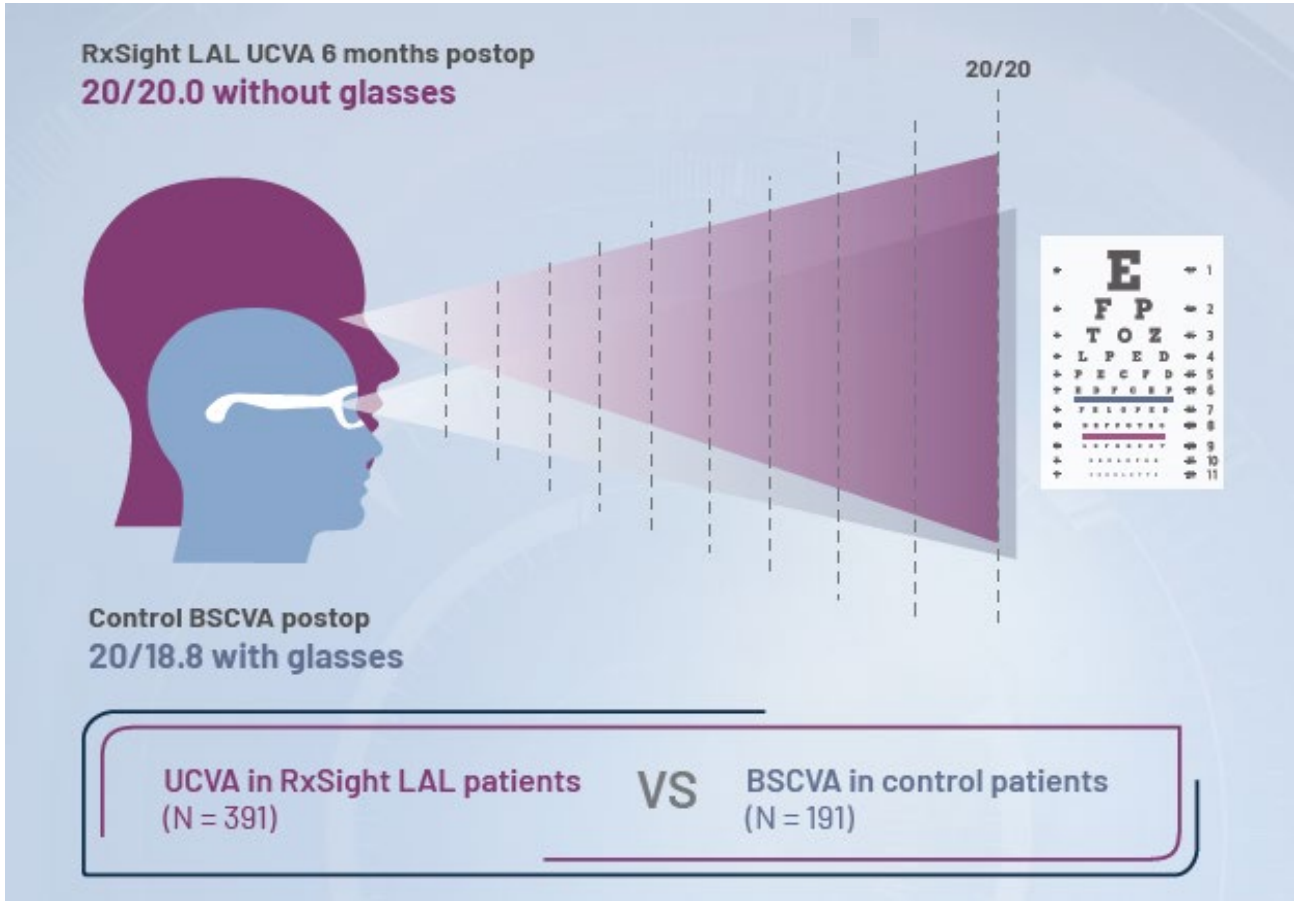


1. RxSight P160055: FDA Summary of Safety and Effectiveness Data 2020
2. Tecnis® Toric PMA P980040/S039: FDA Summary of Safety and Effectiveness Data. 2013
3. AcrySof® Toric P930014/S45: FDA Summary of Safety and Effectiveness Data. 2011.

HIGH PATIENT SATISFACTION

LAL patients saw nearly as well without glasses (UCVA) as control patients did with glasses (BCVA)[1]

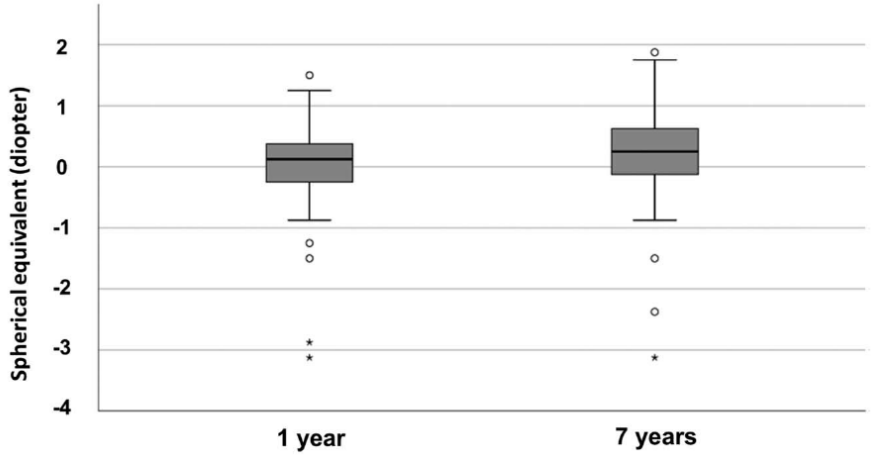
1



1. Data on file, RxSight. Clinical study report 002-03.

LAL LONG-TERM STABILITY

- 103 LAL eyes
- University Eye Hospital, Bochum, Germany
- Mean follow up 7.2 years
- **LAL had stable refraction, good visual acuity, and no IOL-related pathologies**



ARTICLE

Long-term follow-up and clinical evaluation of the light-adjustable intraocular lens implanted after cataract removal: 7-year results

Merita Schojai, MD, Tim Schultz, MD, Katrin Schulze, MD, Fritz H. Hengerer, MD, PhD, H. Burkhard Dick, MD, PhD

Purpose: To determine the long-term safety and effectiveness of a light-adjustable intraocular lens (LAL) over a period that is longer than reported in the literature at the time of the study.

Setting: University Eye Hospital, Bochum, Germany.

Design: Noninterventional observation.

Methods: In 445 patients, cataract surgery with LAL implantation was performed between April 2008 and December 2012. It was possible to contact 171 of these patients or their relatives through letter or telephone; 61 patients (103 eyes) agreed to participate in the long-term study and were examined.

Results: The mean time between the lock-in (final light treatment) and long-term visit was 7.2 years; 61 patients were included and examined. Corrected and uncorrected distance visual acuity was and remained good (*n* = 98). The refractive outcome was stable with minimal deviation. There were no significant changes in corneal thickness. In 2 patients, there were slight opacities of the IOL material without impact on visual acuity. Other eye diseases were within the normal range of the patients' age.

Conclusion: Seven years after implantation and refractive adjustment, eyes with an LAL had stable refraction, good visual acuity, and no IOL-associated pathologies. The findings suggest that LAL technology is a safe and efficient method to achieve good visual results without long-term complications.

J Cataract Refract Surg 2020; 46:8–13 Copyright © 2019 Published by Wolters Kluwer on behalf of ASCRS and ESCRS

Cataract surgery has become increasingly safe and efficient over the past decades. Owing to elevated patient expectations, the achievement of the desired refraction has become a major challenge in modern cataract surgery.

Several trials have demonstrated that the target refraction is missed in a significant percentage of patients. In a multicenter data study with a high number of cases, Lundström et al.[1] reported that the biometry prediction error of ±0.5 D was only achieved in 72.7% of the cases. Similar results were measured by Simon et al.[2] in a retrospective study with 94% of the cases within ±1.0 D of the target refraction. Furthermore, many patients who have undergone corneal refractive surgery are now reaching the typical age for cataract surgery, with intraocular lens (IOL) power determination being particularly challenging in these eyes.[3] In addition to advanced preoperative biometry devices, IOL calculation formulas, and intraoperative aberrometry, IOL technologies that allow for postoperative adjustments of the refractive power have also been developed. Although in the past most of these adjustable technologies required an invasive procedure, the light-adjustable intraocular lens (LAL; RxSight, Inc.) uses profiled doses of ultraviolet (UV) light to adjust for residual refractive errors after cataract surgery. This technology received Conformité Européenne Mark approval in Europe in 2007 and U.S. Food and Drug Administration (FDA) approval in the United States in 2017. In a trial published by Hengerer et al.,[4] the deviation from the targeted refraction with the LAL was better than ±0.5 D in 98% of the cases 18 months postoperatively and in 91.8% of the cases 6 months postoperatively in the FDA-approved trial.[5] However, during the procedure, a significant amount of energy is sent through the eye and no long-term data are available in terms of refractive stability and safety. Our trial aimed at investigating the long-term safety and effectiveness of the LAL over a longer

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From the Ruhr University Eye Hospital (Schojai, T. Schultz, K. Schulze, Dick), Bochum, and Bürgerhospital (Hengerer), Frankfurt, Germany.

M. Schojai and T. Schultz contributed equally to this work.

Corresponding Author: Merita Schojai, MD, Ruhr University Eye Hospital, In der Schornau 23-25, 44892 Bochum, Germany. Email: merita.schojai@rub-bochum.de.

0886-3350/$ - see front matter
https://doi.org/10.1016/j.jcrs.2019.08.011

RxSIGHT

LAL CASE SERIES

Comparing Clinical Performance of the LAL and Vivity (and PanOptix)
*Blended Vision Approach

RXSIGHT IN CLINICAL PRACTICE

- ~90% of LAL patients have bilateral cataract surgery with blended vision approach[1]

- Developing Clinical Approach

Cataract Surgery
- Target emmetropia OU with IOL formula

Primary Adjustments
- Target distance eye for plano
- Target near eye for plano or -0.5 sph

Secondary/Tertiary Adjustments
- Adjust myopia in near eye if needed to optimize binocular vision

1. RxSight Data on File

RXSIGHT CLINICAL CASE SERIES[1]

86 patients bilaterally (sequential) implanted with LAL

One eye adjusted for distance

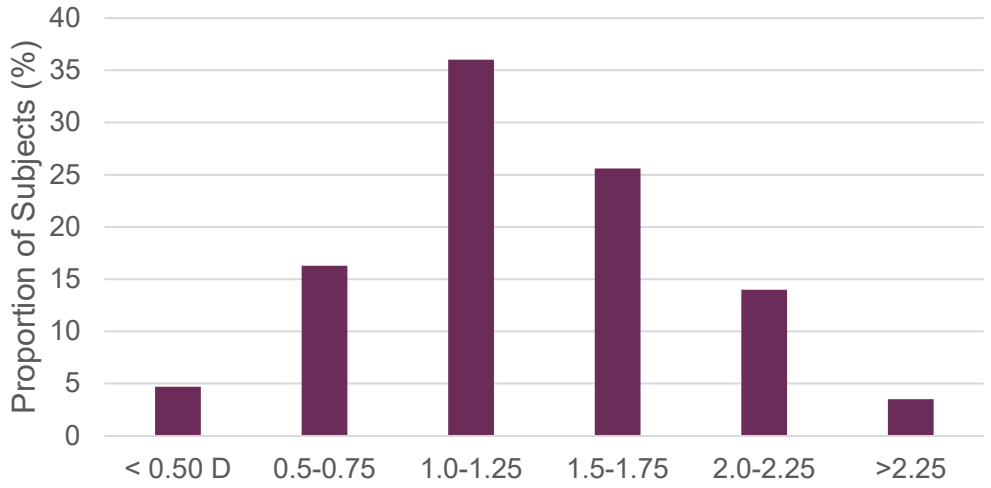
One eye customized for near during adjustment process

Outstanding Refractive Results	All Eyes (N = 172)
Mean Residual Cylinder (D)	0.08
Mean Residual Absolute MRSE from Target(D)	0.14

73% of patients chose a different near target than they initially selected

Average increase of -0.37 D, but some eyes revised to less myopia

Mean final anisometropia of 1.29 D, but range from plano to 2.5 D

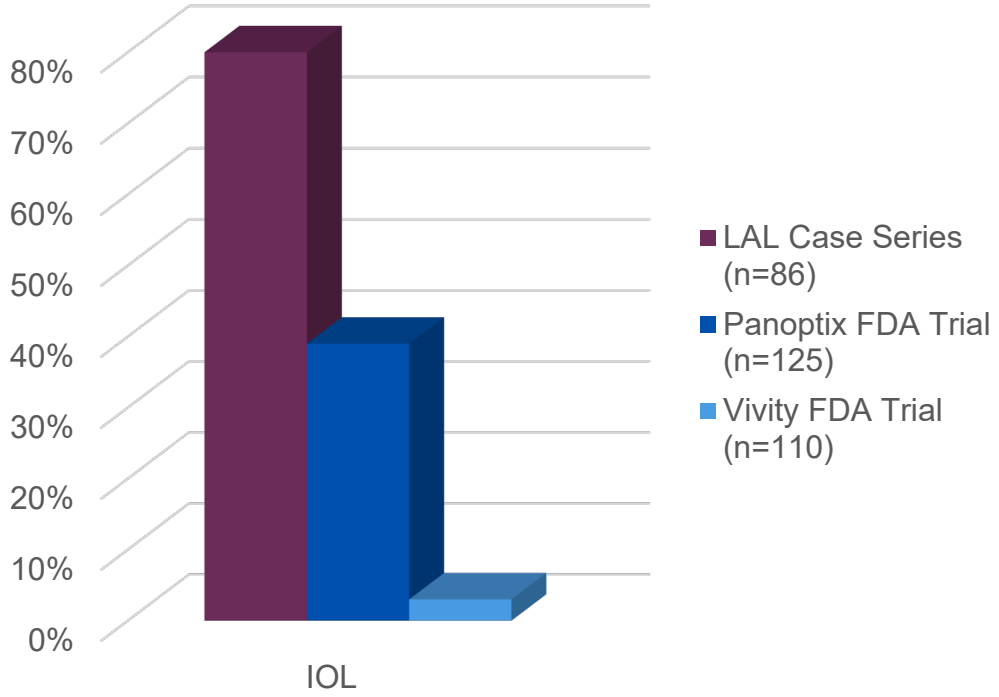


1. Newsome, H. Data Submitted for Presentation at AAO

RXSIGHT CLINICAL CASE SERIES

- 90% subjects achieved distance vision of at least 20/20 (distance)
- 86% subjects achieved near vision of at least J1 (near)
- 80% subjects achieved both 20/20 and J1 binocular uncorrected[1]
  - 2 time as many as Panoptix[2]
  - >25 times as many as Vivity[3]

Low Rate of Glare/Halo



1. Newsome, H. Data Submitted for Presentation at AAO
2. Panoptix PMA P040020/S087. FDA Summary of Safety and Effectiveness Data. 2019.
3. Vivity P930014/S126: FDA Summary of Safety and Effectiveness Data. 2020.

INTEGRATING THE LAL INTO YOUR PRACTICE

LAL COMMERCIAL LAUNCH

Commercial Momentum:

- Simple message of “adjustability” and “best quality of vision” resonates with patients
- Premium pricing to patients
- Strong MD demand for technology
- OD enthusiasm with their role

ENTHUSIASTIC EARLY ADOPTERS

"Why would you pick your lens, or buy your glasses, before surgery? The LAL has the best accuracy and the best quality of vision!"

– Slade & Baker Vision, Houston, TX

"RxSight's Light Adjustable Lens is the biggest improvement in cataract surgery in my career. We can now deliver the highest level of vision to our patients, tailored to their needs."

– Focal Point Vision, San Antonio, TX

"Once you see the results first-hand in your own patients, from complex cataracts to "straight-forward cases," it's hard to imagine looking a patient in the eye and offering anything else."

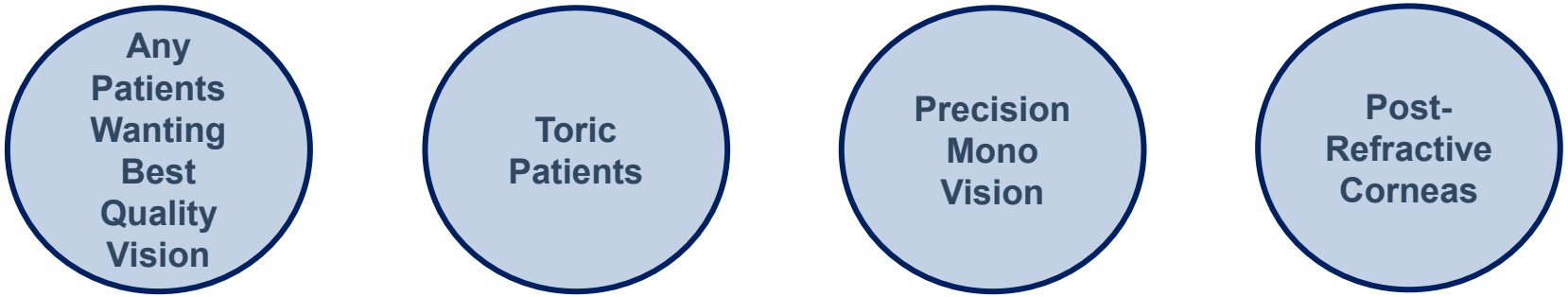
– The Cleveland Eye Clinic, Cleveland, OH

"When I say to patients "the LAL is the most precise implant on Mother Earth, and for the first time in history, we can truly customize your implant...in your eye"...they get it and want it immediately"

–Vance Thompson Vision – Sioux Falls, SD

LAL PATIENT SELECTION

Identifying appropriate patients for LAL is key to ensuring high patient satisfaction



Patients who may be candidates include those who are:

- Looking to optimize their vision and outcomes
- Able to make and keep the additional 2 to 4 appointments needed for optimal vision with the RxSight LAL
- Found to have preexisting corneal astigmatism of ≥ 0.75 diopters
- Able to comply with wearing UV protective glasses until final light treatment

RxSIGHT

PRECISION MONOVISION WITH THE LIGHT ADJUSTABLE LENS

- **The LAL addresses the limitations of traditional monovision by:**
  - Reducing residual refractive error
    - Precision LAL adjustability
  - Reducing monovision intolerance
    - Adjustable and reversable via patient input
  - Negative SA (LAL and LDD) extends depth of focus to blend near and intermediate UCVA

All while preserving the visual quality of a monofocal lens!

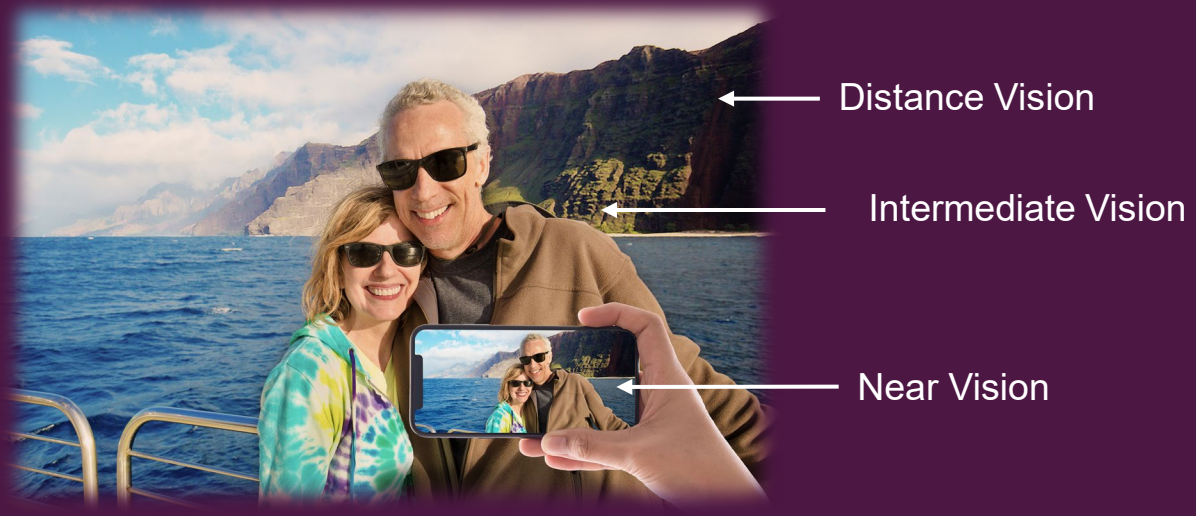
	Monovision	Trifocal	LAL
Pros	• Good distance and intermediate (or near) UCVA • Low rate of dysphotopsias	• Good distance, intermediate, and near UCVA	• Good distance, intermediate, and near UCVA • Low rate of dysphotopsias
Cons	• Residual refractive error • Intolerance to monovision • Limited UCVA at near or intermediate (depending on target)	• Dysphotopsias • Residual refractive error	• Post-operative UV spectacles • Additional post-operative visits

PRESBYOPIA CORRECTION

- Current technology offers trade-off between slightly lower visual side effects and somewhat better uncorrected near vision for EDF and trifocal IOLs, respectively

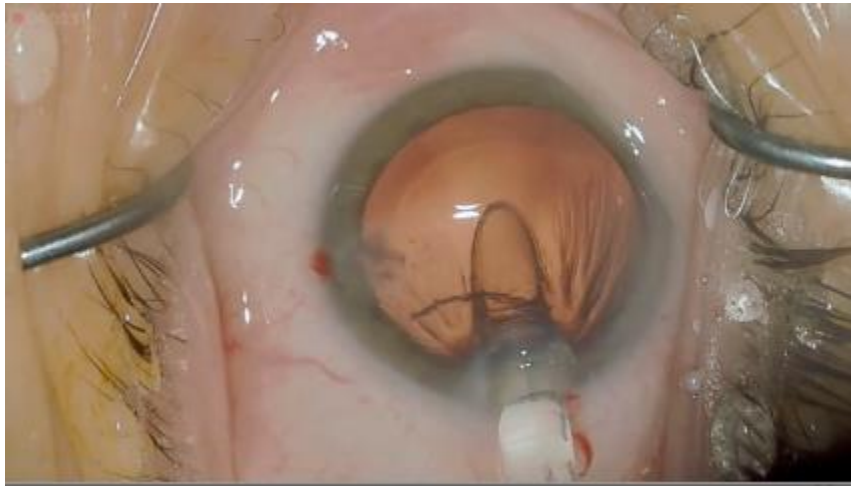
- RxSight delivers better uncorrected vision at all distances, with precise targeting of astigmatism, mini-monovision, while maintaining monofocal IOL side effect

RxSight also enables an EDF procedure that delivers even better UCVA at all distances and minimal vial side effects **(IDE Study underway)**



LAL SURGERY

- **Standard cataract implant procedure**
- **Surgery scheduling:**
  - Schedule the second eye no more than one week after the first
  - Let both eyes heal for ~two weeks, then begin the light treatments simultaneously



ONBOARDING/PRACTICE INTEGRATION TIPS

- Prepare office for more visits (post-op)
- Ensure patient education/communication postoperatively (compliance and vision optimization)
- Increase internal and co-managed optometric (OD) engagement for refraction and visual outcome planning
- Schedule patients similar to Yag

SUMMARY

SIMPLICITY: ONE LENS SOLUTION

Astigmatism & Sphere

- Available in EU and U.S.
- Refractive accuracy for sphere and cylinder
- LASIK level performance
- High quality vision

Precision Monovision

- Available in EU and U.S.
- Unique potential for pre-treatment trial and post-treatment reversal
- Low rate of dysphotopsias and excellent distance, intermediate and **near**[1]

Post-Refractive

- Available in EU and U.S.
- U.S. IDE underway to evaluate refractive accuracy

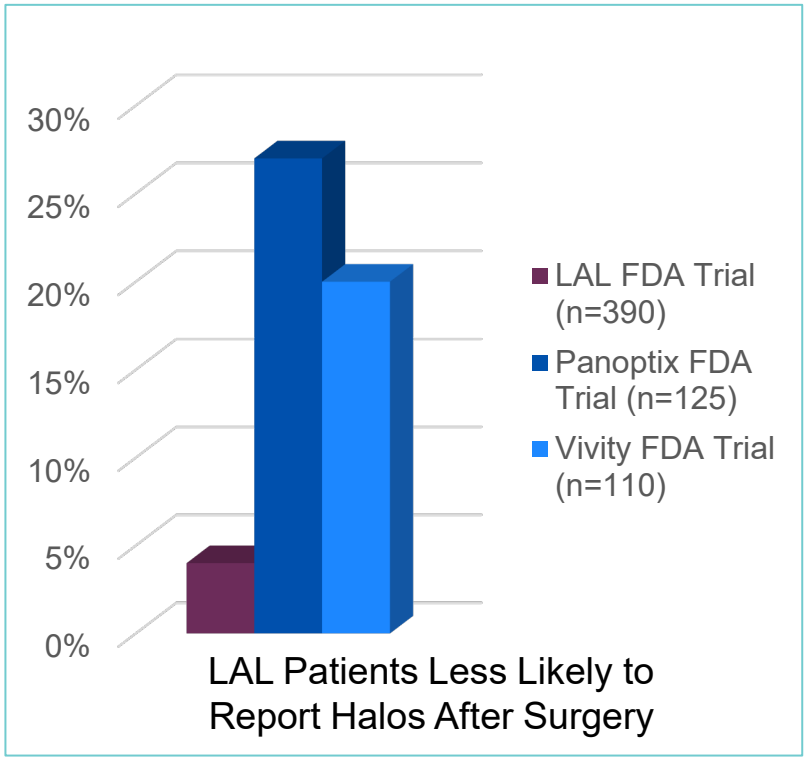
Extended Depth of Focus

- Approved in EU
- Low rate of dysphotopsias and excellent distance, intermediate and near[1]
- IDE soon for EDF light treatment

1. A. Chayet. A Single Center Exploratory Study To Evaluate The Use Of The RxSight Light Adjustable Lens (LAL) and the Light Delivery Device (LDD) to Improve Visual Outcomes (unpublished data)

THE PAYOFF TO DOCTORS AND PATIENTS

2×	More patients 20/20 or better uncorrected vision
33%	Achieve 20/16 uncorrected vision
10×	Significant reduction in outliers (20/30 or worse results), from >15% to <1%
»	Blended vision process meets or exceeds best multifocals, with **no glare and halo**



LAL Patients Less Likely to Report Halos After Surgery

*Hengerer F, Srinivasan S., Dick B. Visual Outcomes After Cataract Surgery Following Bilateral Implantation of a Postop Adjustable Intraocular IOL. AAO 2019

THE RxSIGHT LAL OVERCOMES CURRENT PREMIUM IOL LIMITATIONS

The LAL is the world's first adjustable intraocular lens that allows office-based optimization of vision after lens implantation and healing

- Delivers world's best clinical outcomes for premium cataract patients
- Overcomes limitations of both pre-operative and intra-operative prediction processes
- Simple patient messaging
- Patient pay

ONBOARDING OVERVIEW

ONBOARDING/MARKETING

- **RxSight Library**
  - You will receive an email invitation to join the RxSight Library, our online training portal, which hosts a library of materials, including:
    - Patient education, practice development, and marketing assets
- **Introduction to marketing call**
  - Attendees: any marketing personnel
  - Discuss marketing best practices, including public relations, social media, patient messaging and co-managed network education
- **Marketing kit**
  - A starter marketing kit will be shipped
    - Materials include patient handouts, UV protective glasses display, patient counseling materials, and RxSight education materials for optometrists and co-managed network

LDD SITE SURVEY & INSTALLATION

- **LDD power & environmental specifications:**
  - Room Temp: 59F-86F
  - Power: 110VAC – 125VAC
  - Dimmable lighting preferred or on/off switch
  - Room with non-direct sun light, or window shades

- **Installation process:**
  - Delivery – Field Service Engineer (FSE) will be on site to meet driver
  - Approx. 30 min to unpack and place in the room
  - No shipping dock is required
  - All packaging is hauled away by driver
  - Installation completed within 4 hours

Table Travel:
Minimum: 31.75“, Max: 39.8"

Site survey process:

- Site survey can be executed before or during your LDD installation
  - Clinic – 15 min per exam lane
  - ASC – 15 min to evaluate each OR and areas for possible UV exposure

ONBOARDING/CLINICAL TRAINING

Practice Education:

- Online overview video viewing session:
  - Hosted by your Clinical Training Specialist (CTS)
    - Includes accessories demo, UV specifications, patient selection, planning, Q&A.
  - Attendees:
    - Clinic staff: surgeons, ODs, technicians, front desk staff, patient counselors, schedulers.
    - ASC staff: surgeons, OR techs, intake personnel, post-op/discharge nurses, equipment handlers.
  - Duration: ~1 hour (20-minute video, Q&A, accessories demo)
    - Option to host multiple sessions
  - Timing: prior to first LAL implants

ONBOARDING/CLINICAL TRAINING

RxSight Insertion Device

Surgery Center Education:

- Light Adjustable Lens (LAL) training and wet lab:
  - Hosted by CTS; includes loading of LAL and practice implantation into artificial eye
  - Attendees:
    - Implanting Surgeons, OR techs (if loading LALs), etc.
  - Duration: ~45 minutes
  - Timing: ideally 1 day prior to first LAL implants

Light Adjustable Lens (LAL)

ONBOARDING/CLINICAL TRAINING

Clinic Education:

- Light Delivery Device (LDD) training:
  - System overview, safe and proper operation of LDD, and hands-on light treatments to artificial eye.
  - Attendees:
    - Surgeons, clinic techs, LDD data entry and assisting staff
  - Duration: ~90 minutes
  - Timing: 1 day prior to first LDD treatments (~2-3 weeks after LAL implantation)

CUSTOMER EXPERIENCE TEAM SUPPORT

- **Implants: Bill and Replenish**
  - Email or eFax
  - Patient Implant Registration Cards (submitted via USPS)
- **Accessory Ordering**
  - Post-op spectacle kits, cartridges, handpieces, and all other items needing replenish or stock
- **Returns or Concerns**
  - Contact customer experience if you have any questions or concerns regarding your LDD or inventory

Contact Information:

customerexperience@rxsight.com
Phone: 833-888-7974
eFax: 949-421-6892

Hours of Operation

Monday – Friday
6:00am – 5:00pm (PST)
Cut-off shipping time: 4:00pm (PST)

THANK YOU

RxSIGHT®

LIGHT ADJUSTABLE LENS