

## READY TO LEARN MORE ABOUT LASIK?

**YES!** Send me LASIK info!

Date: \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip/Postal Code \_\_\_\_\_

E-Mail \_\_\_\_\_

Phone (    ) \_\_\_\_\_ Date Of Birth \_\_\_\_\_

Who is your eyecare professional? \_\_\_\_\_

Phone: 216-674-6400 • Fax: 216-674-6410 • [www.LVCLasik.com](http://www.LVCLasik.com)



**Lasik Vision Centers**  
of Cleveland

*Your Vision. Our Passion.*