

CASH REBATES REDEMPTION FORM



Practice Name: _____ Account #: _____

Participant Name: _____ Office Address: _____

City, State & Zip: _____ Office Phone: _____ E-mail: _____

Invoice #	Invoice Date	Lens Used	AR (Yes or No)	Patient Name
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____
7. _____	_____	_____	_____	_____
8. _____	_____	_____	_____	_____
9. _____	_____	_____	_____	_____
10. _____	_____	_____	_____	_____
11. _____	_____	_____	_____	_____

While supplies last. AR Rebates with lens only. All Rebate Forms must be received by 5/31/2011. Rebates will be issued within 4-6 weeks. Invoice copies must be submitted with the Redemption Form available at www.mialab.com. To claim rebates your account must be in good standing. Redo's not included.74523



OPTICAL
WHOLESALE LAB

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