PROFESSIONAL FITTING GUIDE

For the

Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses for Daily Wear

CAUTION: FEDERAL LAW RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A LICENSED PRACITIONER

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MATERIAL CHARACTERISTICS DESCRIPTION OF LENS

Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses Device Description:

The **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** are fabricated from hioxifilcon D, which in the dry (unhydrated) state may be machined and polished. The hydrophilic nature of this material allows the lens to become soft and pliable when immersed in an aqueous solution.

The non-ionic lens material, (hioxifilcon D) is a co-polymer of 2-Hydroxyethylmethacrylate (2-HEMA) and 2,3- Dihydroxypropyl Methacrylate (Glycerol Methacrylate), cross-linked with ethylene glycol dimethacrylate (EGDMA), plus an initiator. The co-polymer consists of 46% hioxifilcon D and 54% water by weight when immersed in normal buffered saline solution. The hioxifilcon D name has been adopted by the United States Adopted Names Council (USAN).

In the hydrated state, the lens conforms to the curvature of the eye covering the cornea and extending slightly beyond the limbus forming a colorless, transparent optical surface. The (hioxifilcon D) soft hydrophilic contact lens has a spherical back surface. The hydrophilic properties of the lens require that it be maintained in a fully hydrated state in a solution compatible with the eye. If the lens dries out, it will become hard and appear somewhat warped, however, it will return to its proper configuration when completely rehydrated in the proper storage solution.

The **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** design includes the following characteristics:

1) Two (2) different base curves (creates a tear reservoir)
2) A peripheral groove including 4-16 fenestrations (increase tear exchange and accessibility)

When worn on the eye the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lens** design creates a tear film reservoir between the corneal surface and the back surface of the contact lens. The fenestrations increase tear film exchange.

The hydrophilic characteristics allow aqueous solutions to enter the lens and in its fully hydrated state the lens is approximately 54% water by weight. The physical properties of the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** are:

Refractive Index	1.5193 (hydrated)
Light Transmission (clear)	greater than 96%
Light Transmission (tinted)	greater than 96%
Water Content	54 % ± 2%
Specific Gravity (wet)	1.120
Oxygen Permeability	20.96 X 10^{-11} (cm^2/sec) (ml O_2/ml x mm Hg @ 35^{o}C), (revised Fatt method).

The **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** are available in the following parameter ranges:

- **Diameter:** 10.0 mm to 17.0 mm
- **Base Curve:** 6.0 mm to 10.0 mm
- **Center Thickness:** varies with power
- **Powers:** -20.00 D to +20.00 D
    - **Toric:** up to -4.00 D (0.50 D steps)
    - **Multifocal:** up to +3.00 D (0.50 D steps)

ACTIONS

When hydrated and placed on the cornea, **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** act as a refracting medium to focus light rays on the retina. When hydrated and placed on the cornea for therapeutic use, **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** act as a bandage to protect the cornea.

INDICATIONS

The **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** for daily wear are indicated for therapeutic use to promote corneal healing and relieve corneal pain by protecting the cornea during the treatment of acute or chronic pathologies, such as corneal edema, corneal erosions, entropion, bullous keratopathy, and corneal dystrophies as well as post-surgical conditions resulting from cataract extraction and corneal surgery. Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses may also provide optical correction during healing if required.
Eyecare practitioners may prescribe the lenses for frequent/planned replacement wear, with cleaning, disinfection and scheduled replacement. When prescribed for frequent/planned replacement wear, the lens may be cleaned and disinfected using a chemical (not heat) lens care system.

CAUTION

Due to the small number of patients enrolled in clinical investigation of lens, all refractive powers, design configurations, or lens parameters available in the lens material were not evaluated in significant numbers. Consequently, when selecting an appropriate lens design and parameters, the eyecare practitioner should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, wettability, central and peripheral thickness, and optic zone diameter.

The potential impact of these factors on the patient's ocular health must be carefully weighed against the patient's need for refractive correction. Therefore, the continuing ocular health of the patient and lens performance on the eye should be carefully monitored by the prescribing eyecare practitioner.

WARNINGS

Please reference Warnings in the Package Insert.

PRECAUTIONS

Please reference Precautions in the Package Insert.

ADVERSE REACTIONS

Please reference Adverse Reactions in the Package Insert.

PATIENT SELECTION

Patient communication is vital. Patients who require visual correction but cannot adhere to the recommended care of the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** should not be provided with this lens. All necessary steps in lens care and all precautions and warnings should be discussed and understood by the patient (*Review Package Insert with patient*).

Fitting procedure for the Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses

1) Pre-fitting Examination

A pre-fitting patient history and examination are necessary to:

- determine whether a patient is a suitable candidate for daily wear contact lenses (refer to contraindications)
- collect and record baseline clinical information to which post-fitting examination results can be compared
- make ocular measurements for initial contact lens parameter selection

2) Parameter Selection

Base curve and diameter selection can be determined from K readings.

Average K Reading	Suggested Lens Design
41.25 and lower	8.9 mm base curve / 15.5 mm diameter
41.50 to 45.50	8.6 mm base curve / 15.5 mm diameter
45.75 and higher	8.3 mm base curve / 15.5 mm diameter (N/A for plus lenses)

Lens Power can be calculated from spectacle Rx

Spherical Lenses:

First convert the spectacle Rx in minus cylinder form (if applicable), compensate the power of both major meridians for a vertex distance of 0 mm then add half the cylinder power to the sphere.
Example:

Rx at 12 mm vertex distance -5.00 -1.00 x 180
Power on horizontal meridian -5.00 @ 12 mm vtx compensate to -4.75 @ 0 vtx
Power on vertical meridian -6.00 @ 12 mm vtx compensate to -5.50 @ 0 vtx
Rx @ 0 mm vertex distance -4.75 -0.75 x 180
Add half the cylinder to the sphere and round to the higher 0.25 step
(-4.75) + (-0.75/2) = -5.25 final power of the lens.

3) Follow-up Care

a) Follow-up examinations, as recommended by the eyecare practitioner, are necessary to ensure continued successful contact lens wear.
b) Prior to a follow-up examination, the contact lenses should be worn for at least one continuous hour and the patient should be asked to identify any problems which might be

occurring related to contact lens wear.

c) With lenses in place on the eyes, evaluate fitting performance to assure that CRITERIA OF A WELL FITTED LENS continues to be satisfied. Examine the lenses closely for surface deposition and/or damage.

d) After the lens removal, conduct a thorough biomicroscopy examination.
   1. The presence of vertical corneal striae in the posterior central cornea and/or cornea neovascularization is indicative of excessive corneal edema.
   2. The presence of corneal staining and/or limbal-conjunctival hyperemia can be indicative of an unclean lens, a reaction to solution preservatives, excessive lens wear, and/or a poorly fitting lens.
   3. Papillary conjunctival changes may be indicative of an unclean and/or damaged lens.

   If any of the above observations are judged abnormal, various professional judgments are necessary to alleviate the problem and restore the eye to optimal conditions. If the CRITERIA OF A WELL FITTED LENS are not satisfied during any follow-up examinations, the patient should be re-fitted with a more appropriate lens.

CLINICAL ASSESSMENT

1. Criteria of a Well-Fitted Lens

The criteria of a well fitted lens is one which centers easily after a blink, bridges the limbus and extends onto the sclera about 1.5 millimeters, lags downward about 1 to 2 millimeters on upward gaze, and does not move excessively as a result of blinking or exaggerated eye movements.

After the trial lens settled on the eye (5 – 10 minutes), manipulate the lens using lid pressure and observe for indications of excessive tightness. The lens should move freely and easily with the slightest pressure and return to the centered position when released.

Movement of the lens on the eye is very important in assessing the fit and performance of the lens. In primary gaze, slight vertical post-blinking lens movement should occur. On upward gaze, the lens should sag approximately 1 – 2 millimeters.

2. Characteristics of a Tight (Steep) Lens

A tight (steep) lens does not move easily on the cornea with slight pressure

3. Characteristics of a Loose (Flat) Lens

A loose (flat) lens sags more than 2.0 millimeters on upward gaze

FITTING CONSIDERATIONS FOR THERAPEUTIC USE OF HYPER-CL™ (HIOXIFILCON D) SOFT CONTACT LENSES

Close professional supervision is necessary for therapeutic use of **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses**, and patient compliance will be critical to the success of this program. In some cases, application and removal of lenses will only be performed by the eye care professional. Please emphasize to your patient the importance of following the wear, disposal and follow-up care schedule you prescribe. Should you become aware through monitoring a patient is not adhering to the prescribed wear and replacement schedule it is recommended the patient be discontinued from the program.

Patients fitted with **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** must be monitored closely and instructed as to the risks, benefits and proper use of the lenses. The eye care professional should discuss with the patient the possibility the existing disease or condition might become worse when a soft contact lens for therapeutic use is used to treat an already diseased or damaged eye. Since in these cases the cornea may already be compromised, the cornea must be examined carefully and monitored continually to ensure that the lens is not interfering with the healing process.

Follow the general guidelines for fitting spherical lenses and consider this additional important information:

- For therapeutic fitting objectives, fit is evaluated by patient comfort, the interface space, amount of lens movement and ability of the lens to center on the cornea.
- The therapeutic environment can be controlled by increasing or decreasing tear film, in other words increasing or decreasing interface space between the lens and cornea. Considerable lens movement against the cornea may increase pain and further erode the already damaged epithelium. Depending on patient circumstance, a desired fit should permit only limited lens movement and provide an appropriate interface space.
- Good tear volume and quality are important aspects of soft lens wear and should be critically evaluated as part of the pre-fit diagnostic work-up.
- Patients fitted with contact lenses for therapeutic use should be followed closely during treatment. Patients should be examined frequently for proper fit of the lens. A healing cornea may change in geometric relationship between the eye and lens.
- Ophthalmic solutions or medications necessary for treatment should be used with caution and under close supervision by the eye care professional. Tonicity and pH of solutions can affect lens fit and movement and may require lens removal after applying a recommended lubricating solution.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT USE the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** when any of the following conditions are present:

- Acute and subacute inflammation or infection of the anterior chamber of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids.
- Corneal hypoesthesia (reduced corneal sensitivity), if not-aphakic.
- Any systemic disease that may affect the eye or be exaggerated by wearing contact lens.
- Allergic reactions of ocular surfaces or adnexa that may be induced or exaggerated by wearing contact lens or use of contact lens solutions.
- Allergy to any ingredient, such as mercury or thimerosal, in a solution which is to be used to care for the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses**.
- Any active corneal infection (bacterial, fungi, or viral).
- If eyes become red or irritated.
- Patients unable to follow lens care regimen or unable to obtain assistance to do so.

FOLLOW-UP EXAMINATIONS

- Within one week of lens dispensing
- After three weeks of lens wear
- After seven weeks of lens wear
- After each six-month period of lens wear

At the follow-up examinations, the patient should report good subjective quality of vision. Adaptation to vision with **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** should occur almost immediately and should definitely be reported within the first (1 week) follow-up visit. At these follow-up visits the practitioner should:

1. Check distance and near acuity with lens in place.
2. Over-refract to verify lens prescription.
3. Observe the position of the lens on the cornea. The lens should be centered and move on upward gaze and with a blink.
4. Evert the lids to examine the tarsal conjunctiva and check for incidence of giant papillary conjunctivitis.
5. Remove the lens. Check corneal curvature. There should be no substantial changes in either meridian.
6. Perform a slit-lamp examination with and without Fluorescein. Check for corneal edema, corneal abrasion, vascularization, corneal infiltrates, and perilimbal injection. Reinsert the lens only after all residual Fluorescein has dissipated from the eye.
7. Clean the lens with a prophylactic surfactant cleaner, and examine for deposits, foreign bodies or physical imperfections of the lens surface.

LENS HANDLING (in-office cleaning, disinfecting and storage)

Wash and rinse hands thoroughly, making certain all soap residues have been rinsed away before drying with a lint-free towel. *It is suggested to wet the lens while in the eye using wetting drops before removal.* Always start with the right lens first in order to avoid mixing the lens. In removing the lens, try to avoid touching the inside (concave) surface of the lens. It is possible, though not likely, that the lens might be inside out; therefore, check the lens by placing it on the index finger and examine its profile. If the edges of the lens tend to point outward, the lens is inside out. After removing the lens from its container assure that it is clean, clear and wet.

Each **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** received in the eye care practitioner's office is received sterile in a glass vial with sterile buffered normal saline solution and labeled as to the parameters of the lens contained. To assure sterility, the glass vial should not be opened until ready for use.

To open the glass vial, pull back on the top where indicated. Upon removing the top cover, the lens may be removed and is ready for use.

Prior to reusing in a diagnostic procedure or before dispensing to a patient, the lens should be surfaced cleaned and disinfected.

CLEANING

A surfactant cleaner must be used with the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** to ensure a clean lens surface. A single procedure is as follows:

Directions for use:

1. Place lens in the palm of your hand.
2. Apply 1 or 2 drops of cleaner to each lens surface and gently rub with the forefinger of the opposite hand.
3. Clean for about 15-20 seconds
4. Rinse the lens thoroughly with sterile saline solution. DO NOT use water to rinse your lenses.
5. After rinsing, place the lens in a storage case.
6. Repeat the process with the other lens.
7. Disinfect lenses as per manufacturer’s instructions.

RINSING

Thoroughly rinse both surfaces of the lens with a steady stream of fresh, sterile rinsing solution.

CHEMICAL (NOT-HEAT) LENS CARE SYSTEM

A sterile rinsing, storing and disinfecting multipurpose solution should be used to rinse and chemically disinfect **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses**. After cleaning the lens, rinse

with a liberal amount of fresh multipurpose solution to remove loosened debris and traces of cleaner. The lens should then be placed in the plastic container supplied in a multi-purpose solution kit and filled with enough fresh disinfecting solution to completely submerge the lens. To ensure disinfecting, the lens must remain in the disinfecting solution for the recommended period of time as written on the multipurpose solution bottle. Before reinsertion, lens should be rinsed with fresh sterile rinsing solution.

When using hydrogen peroxide lens care systems, use ONLY the lens case provided with the hydrogen peroxide care system. This case is specially designed to neutralize the solution. Failure to use the specialized case will result in severe stinging, burning, and injury to the eye. Follow the recommendations on the hydrogen peroxide system labeling exclusively. Following disinfection with a peroxide system, the lenses should be rinsed with sterile saline.

LENS CARE DIRECTIONS

Please reference LENS CARE DIRECTIONS in the Package Insert.

STORAGE

The **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** must be stored in the recommended solutions. If exposed to the air, the lens will dehydrate. If a lens dehydrates, it should be soaked ONLY in a soft contact lens storage solution until it returns to a soft, supple state. It should not be put on an eye until it has been put through a complete disinfection cycle.

RECOMMENDED WEARING SCHEDULE

Close professional supervision is recommended to ensure safe and successful contact lens wear. If the patient complains of discomfort, decreased vision, ocular injection or corneal edema, the lens should be removed and the patient scheduled for examination. The problem may be relieved by putting the patient on a different wearing schedule or possibly by refitting the lens.

Patients tend to overwear the lens initially. It is important not to exceed the initial wearing schedule. Regular check-ups, as determined by the eyecare practitioner, are also extremely important. The maximum suggested wearing schedule for the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** is reflected below.

DAY	HOURS
1	6
2	8
3	10
4	12
5	14
6	All Waking hours *

STUDIES HAVE NOT BEEN COMPLETED TO SHOW THAT THE Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses IS SAFE TO WEAR DURING SLEEP.

MONOVISION FITTING GUIDELINES

1. Patient Selection

    A. Monovision Needs Assessment

    For a good prognosis the patient should have adequately corrected distance and near visual acuity in each eye. The amblyopic patient or the patient with significant astigmatism (greater than 1.50 diopter) in one eye may not be a good candidate for monovision with the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses.**

    Occupational and environmental visual demands should be considered. If the patient requires critical vision (visual acuity and stereopsis) it should be determined by trial whether this patient can function adequately with monovision. Monovision contact lens wear may not be optimal for such activities as:

    (1) Visually demanding situations such as operating potentially dangerous machinery or performing other potentially hazardous activities; and
    (2) Driving automobiles (e.g., driving at night). Patients who cannot pass their state drivers license requirements with monovision correction should be advised to not drive with this correction, OR may require that additional over-correction be prescribed.

    B. Patient Education

    All patients do not function equally well with monovision correction. Patients may not perform as well for certain tasks with this correction as they have with bifocal reading glasses. Each patient should understand that monovision, as well as other presbyopic contact lenses, or other alternative, can create vision compromise that may reduce visual acuity and depth perception for distance and near tasks. During the fitting process it is necessary for the patient to realize the disadvantages as well as the advantages of clear near vision in straight ahead and upward gaze that monovision contact lenses provide.

2. Eye Selection

    Generally, the non-dominant eye is corrected for near vision. The following test for eye dominance can be used.

    A. Ocular Preference Determination Methods

    Method 1—determine which eye is the “sight eye”. Have the patient point to and object at the far end of the room. Cover one eye. If the patient is still pointing directly at the object, the eye being used is the dominant (sighting) eye.

    Method 2—Determine which eye will accept the added power with the latest reduction in

vision. Place a trial spectacle near add lens in front of one eye and then the other while the distance refractive error correction is in place for both eyes. Determine whether the patient functions best with the near add lens over the right or left eye.

B. Refractive Error Method

For anisometropic corrections, it is generally best to fit the more hyperopic (less myopic) eye for distance and the more myopic (less hyperopic) eye for near.

C. Visual Demands Method

Consider the patient's occupation during the eye selection process to determine the critical vision requirements. If a patient's gaze for near tasks is usually in one direction correct the eye on that side for near.

Example: A secretary who places copy to the left side of the desk will usually function best with the near lens on the left eye.

3. Special Fitting Considerations

Unilateral Lens Correction

There are circumstances where only one contact lens is required. As an example, an emmetropic patient would only require a near lens while a bilateral myope may require only a distance lens.

Example:

A presbyopic emmetropic patient who requires a +1.75 diopter add would have a +1.75 lens on the near eye and the other eye left with a lens.

A presbyopic patient requiring a +1.50 diopter add who is -2.50 diopters myopic in the right eye and -1.50 diopters myopic in the left eye may have the right eye corrected for distance and the left uncorrected for near.

4. Near Add Determination

Always prescribe the lens power for the near eye that provides optimal near acuity at the midpoint of the patient's habitual reading distance. However, when more than one power provides optimal reading performance, prescribe the least plus (most minus) of the powers.

5. Trial Lens Fitting

A trial fitting is performed in the office to allow the patient to experience monovision correction. Lenses are fit according to the directions in the general fitting guidelines and base curve selection described earlier in the guide.

Case history and standard clinical evaluation procedure should be used to determine the prognosis. Determine which eye is to be corrected for distance and which eye is to be corrected for near. Next determine the near add. With trial lenses of the proper power in place observe the reaction to this mode of correction.

Immediately after the correct power lenses are in place, walk across the room and have the patient look at you. Assess the patient's reaction to distance vision under these circumstances. Then have the patient look at familiar near objects such as a watch face or fingernails. Again assess the reaction. As the patient continues to look around the room at both near and distance objects, observe the reactions. Only after these vision tasks are completed should the patient be asked to read print. Evaluate the patient's reaction to large print (e.g. typewritten copy) at first and then graduate to news print and finally smaller type sizes.

After the patient's performance under the above conditions are completed, tests of visual acuity and reading ability under conditions of moderately dim illumination should be attempted.

An initial unfavorable response in the office, while indicative of a guarded prognosis, should not immediately rule out a more extensive trial under the usual conditions in which a patient functions.

6. Adaptation

Visually demanding situations should be avoided during the initial wearing period. A patient may at first experience some mild blurred vision, dizziness, headaches, and a feeling of slight imbalance. You should explain the adaptation symptoms to the patient. These symptoms may last for a brief minute or for several weeks. The longer these symptoms persist, the poorer the prognosis for successful adaptation.

To help in the adaptation process the patient can be advised to first use the lenses in a comfortable familiar environment such as in the home.

Some patients feel that automobile driving performance may not be optimal during the adaptation process. This is particularly true when driving at night. Before driving a motor vehicle, it may be recommended that the patient be a passenger first to make sure that their vision is satisfactory for operating an automobile. During the first several weeks of wear (when adaptation is occurring), it may be advisable for the patient to only drive during optimal driving conditions. After adaptation and success with these activities, the patient should be able to drive under other conditions with caution.

7. Other Suggestions

The success of the monovision technique may be further improved by having your patient follow the suggestions below.

- Having a third contact lens (distance power) to use when critical distance viewing is needed.
- Having a third contact lens (near power) to use when critical near viewing is needed.
- Having supplemental spectacles to wear over the monovision contact lenses for specific

visual tasks may improve the success of monovision correction. this is particularly applicable for those patients who cannot meet state licensing requirements with a monovision correction.

- Make use of proper illumination when carrying out visual tasks.

Success in fitting monovision can be improved by the following suggestions:

- Reverse the distance and near eyes if a patient is having trouble adapting.
- Refine the lens powers if there is trouble with adaptation. Accurate lens power is critical for presbyopic patients.
- Emphasize the benefits of the clear near vision in straight ahead and upward gaze with monovision.

* The decision to fit a patient with a monovision correction is most appropriately left to the eyecare practitioner in conjunction with the patient after carefully considering the patient's needs.

* All patients should be supplied with a copy of the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** Patient Instruction / Wearer's Guide.

FREQUENT/PLANNED REPLACEMENT

EyeYon Medical recommends that the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** be discarded and replaced with a new lens every two weeks. However, as the eyecare practitioner, you are encouraged to determine an appropriate lens replacement schedule based upon the response of the patient.

RECOMMENDED LENS CARE PRODUCTS

The eyecare practitioner should recommend a care system that is appropriate for the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses**. Each lens care product contains specific directions for use and important safety information, which should be read and carefully followed. The table below shows solutions that are recommended for use with the **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses**.

Daily Cleaner:	• Bausch & Lomb Sensitive Eyes Daily Cleaner
Rinsing Solution:	• Bausch & Lomb Sensitive Eyes Plus
Disinfecting Solution:	• Bausch & Lomb Biotrue (Rinsing, Disinfecting and Storage Solution.
Lubricant/Rewetting Drops:	• Bausch & Lomb Sensitive Eyes Rewetting Drops
Enzymatic Cleaner:	• Bausch & Lomb Sensitive Eyes Enzymatic Cleaner

EMERGENCIES:
The patient should be informed that if chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into the eyes, the patient should: FLUSH EYES IMMEDIATELY WITH TAP WATER AND IMMEDIATELY CONTACT THE EYECARE PRACTITIONER OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

REPORTING OF ADVERSE REACTIONS

Practitioners should report any adverse reactions to **Hyper-CL™ (hioxifilcon D) Therapeutic Soft Contact Lenses** within 5 days to EyeYon Medical.

Additional Fitting Guides, Package Inserts and Patient Guides are available from:

EyeYon Medical
Golda Meir 5 Nes Ziona
Israel, 7403649
Email: info@eye-yon.com
Phone: +972-737-803-607

HOW SUPPLIED

Each lens is supplied sterile in a sealed glass vial containing buffered normal saline solution. The glass vial is marked with the base curve, diameter, dioptric power, manufacturing lot number, and expiration date of the lens.

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