Calm & Clear™

Visual environments shouldn't have to feel overwhelming.

Calm & Clear supports visual comfort for people with light sensitivity, headaches, screen intolerance, motion sensitivity, and discomfort in visually busy environments.

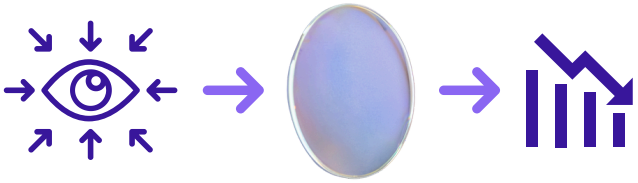
Could Calm & Clear Help Me?

MANY PEOPLE EXPERIENCE VISUAL SENSITIVITY. YOU ARE NOT ALONE!

- Bright light sensitivity
- Headaches from visual environments
- Trouble with screens
- Crowds or big stores
- Traffic or movement discomfort
- Eye strain/visual fatigue

What Are Calm & Clear Lenses?

Calm & Clear uses a specialized light-filtering lens designed to reduce visually stressful input and make bright, moving, or visually complex environments easier to tolerate.



What Should I Ask My Provider?

> "I experience visual sensitivity and discomfort in visually demanding environments. Could Calm & Clear be appropriate for me, and can we explore completing a letter or medical necessity or filling out a prescription to submit?"

BRING THIS HANDOUT TO YOUR APPOINTMENT

FOR YOUR PROVIDER

SUPPORTING PATIENTS' VISUAL WELL-BEING

1. Identify symptoms and/or candidate
2. Complete & sign the provider LMN or fill out RX
3. Patient uploads sign LMN or RX to Calm & Clear

Patient Upload Support

833-217-0317

info@CalmClear.com

www.CalmClear.com

LEARN MORE

Calm & Clear™

HEALTHCARE PROVIDER RECOMMENDATION

Letter of Medical Necessity

Patient Information

Patient name: _____

Date of birth: _____

Date of visit / evaluation: _____

Relevant condition (optional): _____

REPORTED SYMPTOMS / FUNCTIONAL CONCERNS

- ☐ Light sensitivity / photophobia
- ☐ Screen intolerance
- ☐ Eye strain / visual fatigue
- ☐ Difficulty with crowds, stores, or visually complex environments
- ☐ Difficulty with sustained reading / visual attention
- ☐ Headaches with visual triggers
- ☐ Visual motion sensitivity
- ☐ Traffic / moving-environment discomfort
- ☐ Reduced tolerance for work, school, therapy, or daily activities
- ☐ Other: _____

CLINICAL RECOMMENDATION

Based on my evaluation and/or knowledge of this patient, the patient reports visual symptoms and functional difficulty in visually demanding environments. In my clinical judgment, Calm & Clear lenses may be appropriate as an adjunctive visual-support tool.

☐ **I recommend Calm & Clear lenses for this patient.**

Additional clinical comments (optional):

_____

_____

PROVIDER INFORMATION & SIGNATURE

Provider name: _____

Credentials / specialty: _____

Practice / organization: _____

License #: _____

Phone: _____

Email: _____

Provider signature:

_____

Date: _____

PATIENT NEXT STEPS

A BRIGHTER, CALMER TOMORROW

1. Have your licensed healthcare provider complete and sign this form.
2. Upload a photo or scan of the signed form to Calm & Clear.
3. Calm & Clear will contact you for payment and shipping.

Patient Upload Support

info@CalmClear.com

www.CalmClear.com

Out-of-pocket ordering available

UPLOAD FORM

Do not include payment information on this form.