



### **Are patient returns an issue for Neurolens providers?**

Despite having an incredibly generous, no-questions-asked satisfaction guarantee, the national return rate for Neurolenses is less than 4%.

### **Are there any double-masked and/or parallel arm studies?**

Yes, the Neurolens reading speed study is both parallel arm and double-masked.

### **Are you required to use a Neurolens lab?**

Neurolens has six high-quality lab partners in the US, and growing. Providers are encouraged to use their regional lab, but they are welcome to use any labs that carry Neurolenses.

### **Can prospective providers also demo the electronic lifestyle index?**

Every Neurolens representative has a NMD2 demo device, and each of those devices has a unique electronic lifestyle index link. Any time there is a demo device at a peer-to-peer event, participants can demo the electronic lifestyle index and see it sent to that particular device in real time.

### **Do Neurolenses induce diplopia?**

No, Neurolenses do not induce diplopia. If the patient is fit correctly in terms of their refractive Rx, vertical and horizontal prism Rx, and other lens parameters such as seg height, vertex distance, panto tilt, etc., the lenses should not induce any diplopia.

### **Do plano Neurolenses work well over contact lenses?**

Yes, our commercial data shows that all the patients who were prescribed plano Neurolenses over contact lenses have experienced a positive improvement in symptomology. These patients also have an extremely high "willingness to recommend" score, a good barometer of overall satisfaction.

### **How do I read more clinical data about Neurolens?**

A number of papers can be accessed at [neurolens.com/clinical-data](https://neurolens.com/clinical-data).

### **How do Neurolenses perform with vertical prism?**

We are still collecting data on vertical prismatic corrections given their complexity. So far, Neurolenses do work well with vertical prisms in terms of relieving patient symptoms.

### **How do you market Neurolenses in your area?**

Neurolens provides a wealth of resources to new providers, including content for email blasts, provider websites and social media platforms. Neurolens also has a marketing co-op program for new providers whereby they receive 8 weeks of social media advertising, email blasts and web content with the goal of identifying symptomatic patients already in the practice and potentially new patients in the surrounding area. On average, this marketing co-op program drives 10-20 additional Neurolens patients in the first two months. Finally, Neurolens engages in national advertising encouraging symptomatic patients to take a brief online symptom screener with the ultimate goal of requesting an appointment with a local Neurolens provider. Neurolens receives 400 appointment requests per month on average, all of which are sent directly to providers.



### **How does a prospective provider find out if they have symptomatic patients?**

We recommend getting a printed, laminated lifestyle index from your Neurolens representative and having your staff give it to patients for one week. Providers will be surprised how many symptomatic patients are already in their practices!

### **How does Neurolens work in VT practices?**

There are cases where prism therapy works and there are cases where VT is advisable. Then there are complex cases where we need to complement prism therapy with VT. We don't believe that we should see these treatments as one competing against the other. Depending on the patient clinical profile and needs, doctors should design a treatment routine that best fits them.

### **How does the NMD2 account for habitual prism wearers when measuring?**

The NMD2 does not allow you to add prism during the measurement. The NMD2 will provide a guideline to the doctors on whether the patient's prism correction needs to be adjusted, especially when the habitual prism correction is different from the measured Neurolens value.

### **How does the staff usually feel about bringing in Neurolens?**

Being able to see positive patient outcomes firsthand is the best way to create staff motivation. Let the staff follow up with symptomatic patients and hear their stories!

### **Should providers prescribe the value recommended by the NMD2 or manipulate the value based on other factors?**

The algorithm behind the Neurolens Value is fed by almost one million patient measurements and over 100,000 wearer outcomes. The machine learning gives Neurolens providers a huge advantage and takes subjectivity out of the equation.

### **What are some good techniques for overcoming price objections?**

Many providers have success comparing the price of Neurolenses to other interventions--constant pain medication usage, chiropractors, botox, etc.

### **What do you do with CE patients?**

Typically, giving a symptomatic patient who is EXO at near a "power boost" lens would induce base out and make them even more symptomatic. However, this is an appropriate solution for CE patients.

### **What is the average capture rate for Neurolens providers?**

On average, capture rate (defined as pairs sold/measurements taken) is about 10%. For the top 20 Neurolens sellers, it's closer to 30%. When patients come through the Neurolens advertising programs, capture rate is almost 50%.

### **What is the linkage between binocular vision and dry eye?**

There are a growing number of clinical studies which have reported linkage between symptoms such as contact lens discomfort and dryness to BV disorders. When patients' BV disorders are corrected, it also relieved their dry eye sensation.



### **What specifically is “trigeminal dysphoria” and is it a recognized condition?**

“Trigeminal dysphoria” is terminology that Neurolens uses as shorthand to describe the core issue. Proprioceptive information is sent to the brain via the trigeminal nerve; but, when there is a proprioceptive mismatch between misaligned eyes and your vestibular and muscular systems, this creates a neural conflict and leads to an inaccurate gaze response. This leads to an overstimulation of the trigeminal nerve, and this overstimulation leads to a painful stimulation of several parts of the face and neck. This is why these common symptoms can so often be traced back to binocular vision issues.

### **Who should be measured on the NMD2?**

We highly recommend measuring everyone. Practices that measure all patients typically sell 2X more Neurolenses than practices that only measure patients that are indicated as “symptomatic” on their lifestyle index.

### **Why do Neurolenses use 0.75PD specifically? Why isn’t this customizable?**

We have tested many different near add designs, and we found that 0.75PD was the right balance in terms of providing the best patient outcomes without significantly affecting the patient’s visual clarity.

### **Why isn’t Neurolens covered by Managed Care?**

This is a deliberate decision on behalf of Neurolens. Because these lenses address patient symptoms and improve quality of life, patient willingness to purchase is high. Neurolens is also proud to provide ECPs with profitable products that have a significant patient impact. It’s a win-win!

### **Will the NMD2 be disruptive in pre-test?**

If you use the electronic lifestyle index, there is very little setup time. In total, a patient will spend about 3 minutes at the device.