

Save big on your PATADAY™ or PATANOL® Solution prescription.

Pataday™
(olopatadine hydrochloride
ophthalmic solution) 0.2%

REDEEM NOW FOR UP TO

\$40 OFF

Patanol®
(olopatadine hydrochloride
ophthalmic solution) 0.1%

This \$40.00 rebate may be applied to your out of pocket costs greater than \$25.00.

1. Talk to your healthcare provider and ask about a prescription for PATADAY™ or PATANOL® Solution. 2. Pick up your prescription from your pharmacist. 3. Pay your applicable out of pocket costs and keep your receipt. 4. Fill out this form. 5. Make a copy of your submission for your records. 6. If eligible (see Terms and Conditions), mail this printed rebate form, your original, dated, cash register receipt (proof of purchase) and the empty PATADAY™ or PATANOL® Solution 2.5 mL carton, postmarked by 7/15/10 to:

**PATADAY™ or PATANOL® Solution
\$40 Pharmacy Rebate - 2010
Promotion 028-122
P.O. BOX 470727
El Paso, TX 88547-0787**

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

EMAIL _____

By providing the information above and subject to the terms and conditions on the reverse side, you will receive a rebate worth up to \$40.00 on your purchase of PATADAY™ or PATANOL® Solution.

- Please sign me up to receive future communications via email regarding PATADAY™ or PATANOL® Solution.

EXPIRES: 6/30/10

PATADAY™ or PATANOL® Solution Rebate Worksheet

This rebate redeemable for up to \$40.00 is valid only after patients incur a minimum of \$25.00 out of pocket expense.

A) Amount I paid out of pocket for PATADAY™ or PATANOL® Solution.

(Listed on pharmacy receipt included with my submission.)

\$

B) Patient Responsibility — \$25.00

(Patient must pay a minimum of \$25.00 for the PATADAY™ or PATANOL® Solution prescription to be eligible for this promotion.)

C) Out of pocket amount eligible toward rebate.

(Rebate maximum value is \$40.00.)

= \$

If the rebate value in C is greater than \$40.00, you will receive a maximum rebate of \$40.00.

**LIMITED
TIME
OFFER!**

PATADAY™ Solution rebates always available on www.pataday.com

See full prescribing information for PATADAY™ or PATANOL® Solution.

Terms and Conditions

- Offer not valid for prescriptions reimbursed under Medicaid, a Medicare drug benefit plan or other federal or state programs (such as medical assistance programs). If you are eligible for drug benefits under any such program, you cannot receive this rebate. By submitting this rebate voucher, you agree that you will not submit a claim for the prescription to a government payor.
- If any part of your prescription is paid for by a non-governmental third party payor, you attest to having disclosed this offer to your third party payor.
- **This certificate must be accompanied by an original dated cash register pharmacy receipt for PATADAY™ or PATANOL® Solution (proof of purchase) and empty 2.5 mL carton. Make a copy of your submission for your records.**
- Offer applies to out of pocket expenses for PATADAY™ or PATANOL® Solution of more than \$25.00.
- Out of pocket expenses greater than \$25.00 will be reimbursed up to a maximum \$40.00 of actual out of pocket expense.
- This original certificate and the original proof of purchase may not be reproduced and must accompany the request.
- Rebate materials will not be returned.
- Offer not extended to clubs, groups, or organizations.
- Offer good only in the U.S.A. Void where taxed, restricted or prohibited by law.
- Please allow 8 to 10 weeks for delivery. Not responsible for lost or stolen checks.

If you have not received your rebate after 10 weeks, please call 1-888-ALCON-44 (1-888-252-6644) or visit www.alconrebates.com to check on the status of your rebate.

- Offer expires 6/30/10.
- Request must be postmarked by 7/15/10.
- Fraudulent submission of multiple requests could result in federal prosecution under the U.S. Mail Fraud Statutes (18 USC, Sections 1341 and 1342).
- Incomplete or illegible requests will not be honored. Not responsible for lost, mutilated, misdirected or postage-due mail and/or requests.
- By submitting this voucher you acknowledge that you understand and have complied with the rules of this offer.

For MA residents only:

I certify that I have no prescription insurance coverage of any kind.

Patient Signature

- Sponsor: Alcon Laboratories, Inc.

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