

IMPORTANT: This package insert is effective as of April, 2003 and supersedes all prior package inserts for the soft (hydrophilic) contact lenses listed above. Please read carefully and keep this information for future use. **This package insert is intended for the eye care professional, but should be made available to patients upon request. Copies of this Package Insert are available without charge from CIBA Vision Corporation by calling CIBA Vision Customer Service at 1-800-241-5999 for the US or download from our website at www.cibavision.com.** The eye care professional should provide the patient with the patient instructions that pertain to the patient's prescribed lens. CIBA Vision makes available a Patient Instruction Booklet which is recommended to be given to the patient.

R Only

CAUTION: FEDERAL LAW (USA) RESTRICTS THIS DEVICE TO SALE BY OR ON THE ORDER OF A LICENSED EYE CARE PROFESSIONAL.

DESCRIPTION

CIBASOFT®, CIBASOFT® STANDARD™, CIBASOFT® PROGRESSIVE TORIC, TORISOFT®, ILLUSIONS®, and GLITTER EYES™ (teflon) soft (hydrophilic) contact lenses are hemispherical flexible shells available in the following dimensions:

Chord diameter:

CIBASOFT:	13.8mm, 14.5mm
CIBASOFT PROGRESSIVE TORIC	14.5mm
TORISOFT:	14.5mm
STANDARD:	13.8mm
ILLUSIONS:	13.8mm
GLITTER EYES:	13.8mm

Center thickness:

CIBASOFT 13.8, 14.5:	0.07mm at -3.00D, 0.14mm at +3.00D
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CIBASOFT PROGRESSIVE TORIC:

	0.17mm at -3.00D, 0.27mm at +3.00D
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TORISOFT:

0.095mm at -3.00D

STANDARD:

	0.10mm at -3.00D, 0.15mm at +3.00D
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ILLUSIONS:

	0.10mm at -3.00D, 0.17mm at +3.00D
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GLITTER EYES:

0.10mm at -3.00D

Base curve:

CIBASOFT 13.8: 8.3mm, 8.6mm, 8.9mm

CIBASOFT 14.5: 8.6mm, 8.9mm, 9.2mm

CIBASOFT PROGRESSIVE TORIC:

8.6mm, 8.9mm

TORISOFT:

8.6mm, 8.9mm

STANDARD:

8.3mm, 8.6mm, 8.9mm

ILLUSIONS:

8.3mm, 8.6mm, 8.9mm

GLITTER EYES:

8.6mm

Power:

CIBASOFT 13.8, 14.5: -10.00D to +6.00D, in 0.50D steps
-6.50D to -10.00

CIBASOFT PROGRESSIVE TORIC:

-6.00D to +4.00D, 0.25D steps
0.75D to -2.75D cyl., 0.25D steps,
full circle in 5° steps

TORISOFT:

-6.00D to +4.00D, 0.25 steps;
-6.50D & -7.00D
-1.00, -1.75 cyl., full circle in 10°
steps, all base curves

STANDARD:

-2.50 cyl., 10° steps 180 ± 20°; 90
± 20°, 8.6 & 8.9 base curves

ILLUSIONS:

-6.00D to +6.00D
+4.00D to -6.00D, 0.25 steps
-6.50D to -10.00D in 0.50D steps

GLITTER EYES:

+4.00D to -6.00D, in 0.25 steps

Approved Power Range:

CIBASOFT 13.8, 14.5: -25.00D to +25.00D

CIBASOFT PROGRESSIVE TORIC:

-25.00D to +25.00D

TORISOFT:

-25.00D to +25.00D

STANDARD:

-25.00D to +25.00D

ILLUSIONS:

-20.00D to +12.00D

GLITTER EYES:

-20.00D to +12.00D

Always check for current product availability. The lens material, teflon, is a hydrophilic polymer of hydroxyethylmethacrylate. Clear, tinted, opaque, and glitter lenses are available. When CIBASOFT®, CIBASOFT® STANDARD™, CIBASOFT® PROGRESSIVE TORIC, TORISOFT®, and ILLUSIONS® (teflon) soft (hydrophilic) contact lenses are tinted with the CIBATINT® process the lens material is modified by permanently fixing tint(s) to the polymer using the following color additives (either alone or in combination): Reactive Blue 21, Reactive Black 5, Reactive Yellow 15, Reactive Orange 78, Reactive Blue 19 and Reactive Red 180. The optical and fitting characteristics are not altered by the tint or tinting process. Available tints are Amber, Aqua, Blue, Green, Royal Blue, Evergreen, Violet and VISITINT®. ILLUSIONS® soft contact lenses are made by incorporating opaque pigment in an iris pattern between two layers of teflon polymer. The opaque pigment consists of carmine, mica, and titanium dioxide. ILLUSIONS® soft contact lenses have an opaque diameter of approximately 12.5mm with a central pupil of approximately 5.3mm. ILLUSIONS® soft contact lenses are then over tinted with the CIBATINT® process. Available tints are Soft Amber, Soft Blue, Deep Blue, Soft Green, Deep Green, Violet and Grey (no overtint). GLITTER EYES™ soft contact lenses are made by encapsulating glitter pigment in an iris pattern between two layers of teflon polymer similar to the ILLUSIONS® lenses. The glitter pigment consists of calcium sodium borosilicate, mica, titanium dioxide, iron oxide, mica coated with titanium dioxide, and mica coated with iron

oxide which imparts a sparkle of glittering colors. GLITTER EYES™ have an iris pattern diameter of approximately 12.5mm with a central pupil of approximately 5.3mm.

The physical properties of the (teflon) lens include:

Specific Gravity:	1.18
Refractive Index:	1.43
Water Content:	37.5% by weight in normal saline.
Oxygen Permeability (Dk):	8.9 x 10 ⁻¹¹ (cm/sec)(ml O ₂ /ml x mm Hg), measured at 21°C (Fatt Method)

Luminous Transmittance (approx) for CIBASOFT®, CIBASOFT® STANDARD™, CIBASOFT® PROGRESSIVE TORIC, and TORISOFT®.

Tint Transmittance (approx)

Clear	98%
VISITINT®	90%
Aqua	89%
Evergreen	89%
Amber	87%
Green	83%
Royal Blue	76%*
Blue	74%*
Violet	68%*

Luminous Transmittance (approx) for ILLUSIONS®.

Tint Transmittance (approx)

Grey: (no overtint)	98.0%
Soft Green	94.4%
Soft Blue	90.9%
Soft Amber	90.4%
Violet	89.3%
Deep Green	82.3%*
Deep Blue	75.6%*

Luminous Transmittance (approx) for GLITTER EYES™.

Pigmentation Transmittance (approx)

Combination of glitter pigments	89.5%
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*The wearer may experience a reduction of visibility while wearing the lens in conditions of low illumination.

ACTIONS

When hydrated and placed on the cornea, CIBASOFT®, CIBASOFT® STANDARD™, CIBASOFT® PROGRESSIVE TORIC, TORISOFT®, ILLUSIONS®, and GLITTER EYES™ (teflon) soft (hydrophilic) contact lenses act as a refracting medium to focus light rays on the retina. The CIBASOFT® PROGRESSIVE TORIC and TORISOFT® lenses provide a more even surface over the highly uneven astigmatic cornea and thus helps to focus light rays on the retina.

INDICATIONS (Uses)

DAILY WEAR:

- CIBASOFT®, CIBASOFT® STANDARD™, (teflon) soft (hydrophilic) contact lenses are indicated for daily wear use for the correction of visual acuity in aphakic or not aphakic persons with non-diseased eyes that are myopic or hyperopic. The lenses may be worn by persons who have no more than 1.50 diopters or less of astigmatism that does not interfere with visual acuity.
- CIBASOFT® PROGRESSIVE TORIC (teflon) soft (hydrophilic) contact lenses are indicated for daily wear use for the correction of refractive ametropia (myopia, hyperopia, astigmatism, and presbyopia) in aphakic or not aphakic persons with non-diseased eyes. The lenses may be worn by persons who have 0.75 to 2.75 diopters of refractive and/or corneal astigmatism that does not interfere with visual acuity.
- TORISOFT® (teflon) soft (hydrophilic) contact lenses are indicated for daily wear use for the correction of visual acuity in aphakic or not aphakic persons with non-diseased eyes that are myopic or hyperopic. The lenses may be worn by persons who have refractive and/or corneal astigmatism of 0.50D to 6.00D (see Description for currently available power range).
- ILLUSIONS® and GLITTER EYES™ (teflon) soft (hydrophilic) contact lenses are indicated for daily wear use for the correction of refractive ametropia (myopia and hyperopia) in not aphakic persons with non-diseased eyes that may exhibit astigmatism up to 1.50 diopters that interfere with visual acuity.

These lenses may be prescribed for daily wear use and removal for cleaning and disinfection/neutralization as recommended by the eye care professional. The lenses may be disinfected using either thermal (heat) or chemical (not heat) lens care systems as recommended by the eye care professional.

CONTRAINDICATIONS (REASONS NOT TO USE)

DO NOT use CIBASOFT®, CIBASOFT® STANDARD™, CIBASOFT® PROGRESSIVE TORIC, TORISOFT®, ILLUSIONS®, or GLITTER EYES™ (teflon) soft (hydrophilic) contact lenses when any of the following exists:

- Acute and subacute inflammation or infection of the anterior chamber of the eye
- Any eye disease, injury or abnormality affecting the cornea, conjunctiva, or eyelids that may be exaggerated by contact lens wear
- Insufficiency of lacrimal secretion (dry eye) that interferes with contact lens wear

- Corneal hypoesthesia (reduced corneal sensitivity)
- Any systemic disease which may be exacerbated by or interferes with contact lens wear
- Allergic reactions or ocular irritation of the ocular surfaces or adnexa that may be caused by or exaggerated by the wearing of contact lenses
- Ocular irritation due to allergic reactions which may be caused by use of contact lens solutions that contain chemicals or preservatives such as thimerosal to which some people develop an allergic response
- Any active corneal infection (bacterial, fungal or viral)
- The use of any medication that is contraindicated or interferes with contact lens wear, including eye medications
- Patient history of recurring eye or eyelid infections, adverse effects associated with contact lens wear, intolerance or abnormal ocular response to contact lens wear
- If eyes become red or irritated

WARNINGS

Patients should be advised of the following warnings pertaining to contact lens wear:

- Problems with contact lenses and lens care products could result in serious injury to the eye. It is essential that patients follow their eye care professional's directions and all labeling instructions for proper use of lenses and lens care products, including the lens case. Eye problems, including corneal ulcers, can develop rapidly and lead to loss of vision.
- Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping. Clinical study results have shown that the risk of serious adverse reactions is increased when lenses are worn overnight.
- The risk of corneal ulcers has been shown to be greater among users of extended wear contact lenses than among users of daily wear contact lenses. The risk increases with the number of consecutive days the lenses are worn between removal, even with the first overnight use.
- Studies have shown that contact lens wearers who are smokers have a higher incidence of adverse reactions than nonsmokers¹².
- If a patient experiences eye discomfort, excessive tearing, vision changes, or redness of the eye, the patient should be instructed to **immediately remove lenses and promptly contact his or her eye care professional.** It is recommended that contact lens wearers see their eye care professional regularly as directed.
- The packaging for this product contains dry natural rubber.

PRECAUTIONS

- Patients may experience a reduction in visibility while wearing CIBASOFT® Violet lenses in conditions of low illumination.

Special Precautions for the Eye Care Professional:

- Due to the small number of patients enrolled in the clinical investigation of lenses, all refractive powers, design configurations, or lens parameters available in the lens material are not evaluated in significant numbers. Consequently when selecting an appropriate lens design and parameters, the eye care professional should consider all characteristics of the lens that can affect lens performance and ocular health, including oxygen permeability, central and peripheral thickness and optic zone diameter. The potential impact of these factors on the patient's ocular health should 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 evaluated on initial dispensing and monitored on an ongoing basis by the prescribing eye care professional.
- Patients who wear simultaneous vision contact lenses to correct presbyopia may not achieve the best corrected visual acuity for either far or near vision. Visual requirements vary with the individual and should be considered when selecting the most appropriate type of lens for each patient.
 - Fluorescein, a yellow dye, should not be used while the lenses are on the patient's eyes. The lenses absorb this dye and become discolored. Whenever fluorescein is used, the eyes should be flushed thoroughly with sterile saline solution that is recommended for in eye use prior to inserting lenses. Avoid dispensing saline from an aerosol can directly into the eye.
 - Before leaving the eye care professional's office, the patient should be able to remove their lenses or should have someone else available who can remove their lenses for them.
 - Eye care professionals should instruct the patient to remove the lenses immediately if the eye becomes red or irritated.
 - Routine eye examinations are necessary to help assure the continued health of the patient's eyes. CIBA Vision recommend patients to see their eye care professional annually or as often as recommended by the eye care professional.
 - Visual changes or changes in lens tolerance may occur during pregnancy or use of oral contraceptives. Caution patients accordingly.
 - NOTE:** Do not use ILLUSIONS® or GLITTER EYES™ lenses with catalase neutralization-based hydrogen peroxide lens care systems. (i.e., OXYSEPT®, or ULTRACARE™ disinfection systems). Use of catalase neutralization-based products may cause lens damage.

- **NOTE:** ILLUSIONS® and GLITTER EYES™ (teflon) soft (hydrophilic) contact lenses are ONLY recommended for use with chemical (NOT HEAT) disinfection systems.
- *OXYSEPT® and ULTRACARE® are registered trademarks of Allergan.

Eye Care Professionals should carefully instruct patients about the following care regimen and safety precautions:

- Carefully follow the handling, insertion, removal, and wearing instructions in the Patient Instruction Booklet and any additional instructions provided by the eye care professional.
- Note the correct lens power for each eye to prevent getting them mixed up.
- Good hygiene habits help promote safe and comfortable lens wear. Always wash and rinse hands before handling lenses.
- Always keep a supply of replacement lenses on hand.
- Eye irritation, infection, or lens damage may result if cosmetics, lotion, soap, cream, hair spray, deodorant, aerosol products or foreign particles come in contact with lenses. If sprays are used, eyes should be kept closed until the spray has settled.
- Never use tweezers or other sharp objects such as fingernails to remove the lens from the container to avoid damaging the lens.
- Always handle lenses carefully. If a lens is dropped small particles or fibers may adhere to the lens surface which can irritate the eye. Lenses should be cleaned and disinfected prior to insertion, or replaced with a sterile, fresh, new lens.
- Consult the eye care professional about wearing lenses during sporting and water related activities. Exposure to water while wearing contact lenses in activities such as swimming, water skiing, and hot tubs may increase the risk of ocular infection, including but not limited to Acanthamoeba keratitis.
- Avoid all harmful or irritating vapors or fumes while wearing lenses.
- Promptly remove a lens to avoid serious injury in the event that dust, a foreign body or other contaminant gets between the lens and the eye.
- Discard any lens which has become dehydrated or damaged. Replace with a fresh new lens.
- Patients should be instructed to remove their lenses before sleeping.
- The lens should move freely on the eye at all times. If the lens sticks (stops moving) on the eye, follow the recommended directions in the section *Care for a Sticking Lens*. If non-movement of the lens continues, the patient should be instructed to consult their eye care professional immediately.
- Patients should inform their employer of being a contact lens wearer. Some jobs may require the use of eye protection equipment or restrict the use of contact lenses in certain work environments.
- Patients should inform their physician that contact lenses are worn and should consult their eye care professional before using any medication in the eye.
- Do not use lenses beyond the expiration date.
- Certain medications such as antihistamines, decongestants, diuretics, muscle relaxants, tranquilizers, and those for motion sickness may cause dryness of the eye, increased lens awareness, lens intolerance, blurred vision or visual changes. Patients should be informed of these potential conditions and proper remedial treatment should be prescribed if any of these conditions occur. Depending on the severity of the condition appropriate treatment may include the use of rewetting drops intended for use with soft contact lenses or temporary cessation of contact lens wear until the condition subsides.

It is strongly recommended that patients be provided with a copy of the Patient Information Booklet available from CIBA Vision and understand its contents prior to dispensing the lenses.

ADVERSE EFFECTS

Potentially serious complications are usually accompanied by one or more of the following signs or symptoms:

- Foreign body sensation
- Excessive watering or other eye secretions including mucopurulent discharge
- Redness of the eyes
- Photophobia (light sensitivity)
- Burning, stinging or itching or other pain associated with the eyes
- Comfort is less compared to when the lens was first placed on eye
- Poor visual acuity (reduced sharpness of vision)
- Blurred vision, rainbows or halos around objects
- Feeling of dryness

If the patient notices any of the above signs or symptoms, he or she should be instructed to IMMEDIATELY REMOVE THE LENS(ES):

1. If the discomfort or problem stops, then look closely at the lens(es):
 - If the lenses are in any way damaged, DO NOT put the lens(es) back on the eye. Return lenses to the storage case, and contact the eye care professional.
 - If the lens has dirt, an eyelash, or other foreign body on it, lenses should be thoroughly cleaned, rinsed, and disinfected prior to reinsertion.
 2. If the discomfort or problem continues after removing lens(es), or upon reinsertion, IMMEDIATELY remove lenses and promptly contact the eye care professional for identification of the problem and prompt treatment to avoid serious eye damage.
- The patient should be instructed NOT to use a new lens as self-treatment for the problem.
 - Patients should be informed that a serious condition such as corneal ulcer, infection, corneal vascularization, or iritis may be present, and may progress rapidly. Less serious reactions such as abrasions, infiltrates, and bacterial conjunctivitis must be managed and treated carefully to avoid more serious complications.

- Additionally, contact lens wear may be associated with ocular changes which require consideration of discontinuation or restriction of wear. These include but are not limited to local or generalized corneal edema, epithelial microcysts, epithelial staining, infiltrates, neovascularization, endothelial polymegathism, tarsal papillary changes, conjunctival injection or iritis.

ADVERSE EFFECT REPORTING

If a patient experiences any serious adverse effects associated with the use with CIBASOFT®, CIBASOFT® STANDARD™, CIBASOFT® PROGRESSIVE TORIC, TORISOFT®, ILLUSIONS®, or GLITTER EYES™ (teflon) Soft (hydrophilic) Contact Lenses, eye care professionals please notify: CIBA Vision Corporation, Technical Consultation, 1-800-241-7468.

FITTING GUIDE

Conventional methods of fitting contact lenses apply. For a detailed description of the fitting techniques, refer to the Professional Fitting and Information Guide, copies of which are available free of charge from:

CIBA Vision Corporation, 11460 Johns Creek Parkway, Duluth, GA, USA 30097, 1-800-241-5999

LENS WEAR & REPLACEMENT SCHEDULES

The wearing and replacement schedules should be determined by the eye care professional.

Daily Wear (less than one day, while awake)

The maximum suggested wearing time each day should be determined by the eye care professional based upon the patient's physiological eye condition because individual responses to contact lenses vary. Patients tend to overwear the lenses initially. The eye care professional should stress the importance of adhering to the initial maximum wearing schedule. Normal daily wear of contact lenses assumes a non wear period of approximately 6 hours.

WEARING SCHEDULE

The wearing schedules should be determined by the eye care professional. Patients tend to over-wear lenses initially. The eye care professional should emphasize the importance of adhering to the initial maximum wearing schedule. Regular checkups, as determined by the eye care professional, are also extremely important.

Daily Wear - (less than 24 hours, while awake)

The maximum suggested wearing time is:

Day	Hours*
1	4
2	6
3	8
4	10
5	12
6	14
7	All waking hours*

*THE LENS MUST BE REMOVED FROM THE EYE BEFORE SLEEP.

LENS CARE DIRECTIONS

Patients must adhere to a recommended care regimen. Lenses must be cleaned, rinsed, and disinfected after removal and prior to reinsertion on the eye according to the instructions in the package inserts provided with the lens care products recommended by the eye care professional. Failure to follow the complete regimen in accordance with manufacturer's instructions in the package inserts may contribute to problems (see ADVERSE EFFECTS) and/or result in the development of serious ocular complications as discussed in WARNINGS.

Basic Instructions for Lens Cleaning and Disinfection:

- When lenses are dispensed, the eye care professional should recommend an appropriate system of lens care and provide the patient with instructions according to the package labeling.
- The eye care professional should review the following instructions with the patient:
 - Lenses must be cleaned, rinsed, and disinfected each time they are removed, for any reason. If removed while the patient is away from the lens care products, the lenses may not be reinserted, but should be stored until they can be cleaned, rinsed, and disinfected.
 - Cleaning is necessary to remove mucus, film, and contamination from the lens surface. Rinsing removes all traces of the cleaner and loosened debris. Disinfecting is necessary to destroy remaining microorganisms.
 - Lenses must be cleaned, rinsed, disinfected, and stored in accordance with the package labeling of the lens care products recommended by the eye care professional.
 - A chemical method of disinfection using AOSEPT®, AOSEPT® ClearCare™, QuickCARE®, Pure Eyes®, SOLO-care®, or SOLO-care® Plus brand is recommended.
 - Heat disinfection SHOULD NOT be used with ILLUSIONS® or GLITTER EYES™ lenses.
 - To help avoid serious eye injury from contamination:
 - Always wash, rinse and dry hands before handling the lenses.
 - Use only fresh sterile solutions recommended for use with soft (hydrophilic) contact lenses. When opened, sterile non-preserved solutions must be discarded after the time specified in the label directions.
 - Do not use saliva, tap water, homemade saline solution, distilled water, or anything other than a recommended sterile solution indicated for the care of soft lenses.
 - Do not reuse solutions.
 - Use only fresh solutions for each lens care step. Never add fresh solution to old solution in the lens case.
 - Always empty and rinse the lens case with fresh sterile

rinsing or disinfecting solution and allow to air dry. At the next use of the lens case, fill with fresh sterile solution.

- Replace the lens case at regular intervals to help prevent case contamination by microorganisms which can cause eye infection.
- Never use a hard (rigid) lens solution unless it is also indicated for use with soft contact lenses. Corneal injury may result if hard (rigid) lens solutions not indicated for use with soft lenses are used in the soft lens care regimen.
- Always keep the lenses completely immersed in the recommended storage solution when the lenses are not being worn to avoid lens dehydration.
- Unless specifically indicated in the labeling, do not alternate, change, or mix lens care systems or solutions for any one pair of lenses. If in doubt as to solution suitability, consult the eye care professional.

IF A LENS DRIES OUT

If a lens is exposed to air while off the eye it may become dry, brittle, and may be permanently damaged. If this should occur, discard the lens and use a new one to avoid possible irritation or injury to the eye.

CARE FOR A STICKING LENS

If the lens sticks (stops moving) or begins to dry on the eye, instruct the patient to apply several drops of a recommended lubricating solution (used in accordance with package labeling). The patient should wait until the lens begins to move freely on the eye before attempting to remove it. If the lens continues to stick, the patient should IMMEDIATELY consult the eye care professional.

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 or fresh saline solution, remove the lenses and place them in the recommended storage solution, and call or visit the eye care professional or a hospital emergency room immediately.**

HOW SUPPLIED

Each lens is supplied sterile in a sealed glass vial containing isotonic phosphate buffered saline solution. The package is marked with the base curve, diameter, dioptric power, cylinder and axis (if applicable), tint color (if applicable), manufacturing lot number, and expiration date.

CIBA Vision

A Novartis Company
 Duluth, Georgia 30097
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LENS CARE PRODUCT CHART FOR SOFT CONTACT LENSES, AVAILABLE IN THE USA

AOSEPT® LENS CARE SYSTEM

AOSEPT® and AOSEPT® Clear Care™ Cleaning & a Disinfecting Solution
 AOSEPT® Lens Cup

Lens case for AOSEPT® Disinfecting Solution and AODISC® Neutralizer
 Neutralizes AOSEPT® into a gentle buffered saline solution
 Rinsing and storage Cleaner

AODISC® Neutralizer

SoftWear® Saline
 MiraFlow® Extra Strength Daily Cleaner

PURE EYES® DISINFECTING SYSTEM

Pure Eyes® Disinfecting/Soaking Solution
 Pure Eyes® Cleaner/Rinse

Disinfecting solution
 Cleaning and rinsing solution
 Neutralizes Pure Eyes® Disinfecting Solution into a gentle buffered saline solution

Pure Eyes® Lens Case /built-in neutralizer

QUICK CARE® SYSTEM

Quick CARE® Starting Solution
 Quick CARE® Finishing Solution

The Quick CARE® System cleans, disinfects, rinses and soaks in about 5 minutes

SOLO-care® and SOLO-care® Plus

Multipurpose solution for cleaning, rinsing, disinfecting, storage and protein removal (when used Daily)

OTHER CIBA VISION® LENS CARE PRODUCTS

CIBA Vision® Cleaner Cleaner
 CIBA Vision® Saline Rinsing
 CIBA Vision® Lens Drops Lubricating
 CIBA Vision® Unizyme® Protein removal
 Enzymatic Cleaner

¹ New England Journal of Medicine, September 21, 1989; 321 (12), pp. 773 - 783

² The CLAO Journal, January 1996, Volume 22, Number 1, pp. 30-37