

Dahlem Reading Fluency Study Participation Form

Fill out form, sign release, and return with purchase order or check to:

Dyslexia Solutions Inc.
P.O. Box 436765
Louisville, KY 40253-6765

Phone: 502-499-2744
Fax: 502-415-7189
www.readfluent.com
bdahlem@bellsouth.net

Participant
First Name _____ Last Name _____

Parent/Guardian Name (if participant is under 18 yrs)
First Name _____ Last Name _____

Does participant currently wear prescription glasses? (circle one) Near Sighted Far Sighted Other

Street Address _____

City, State _____ ZIP _____

Phone _____ E-Mail _____

PLEASE SELECT FROM THE OPTIONS BELOW:

Quantity	Description	Unit Cost	Total Cost
_____	Kit with 2 RAD Prism glasses (#1,#2)	\$179	_____
_____	Kit with 3 RAD Prism glasses (#1,#2, #3)	\$269	_____
_____	RAD Prism #1	\$ 95	_____
_____	RAD Prism #2	\$ 95	_____
_____	RAD Prism #3	\$ 95	_____

Shipping and Handling: \$ 19.00

Total Payment Due : _____

Please submit this form with purchase order or check.

Participation Release

I understand that this private reading fluency study has been created and operated by Dyslexia Solutions, Inc and I understand that the RAD Prism glasses received in this study are to be used as an educational aid to improve reading fluency. The RAD Prism is not intended for use in treating, diagnosing, curing or preventing any disease. The RAD Prism is not intended as a substitute for the medical recommendations of physicians or other health care providers and all participants are encouraged to cooperate with physicians, optometrists and health professionals to achieve optimum well-being. All participants are required to give a written testimonial of any perceived reading fluency changes. I agree to allow Dyslexia Solutions Inc. to use my testimonial in future publications, lectures, or advertisements. I agree to hold harmless Dyslexia Solutions Inc and all persons working on this study. Dyslexia Solutions Inc. will not be held responsible for any and all liability of any damage, loss or expense to persons or property arising out of this study.

Signature _____ **Date** _____