

CONTACT LENS AGREEMENT

In order to provide our patients with the highest standard of care, all patients are REQUIRED to have a vision screening examination and/or comprehensive medical examination by our doctors prior to lens fitting. Contact lens fitting fees vary depending on the type of contact lens you are fit with. The contact lens fitting fees include the following:

1. Complete contact lens fitting
2. Contact lens evaluations and follow-up care for 60 days from the INITIAL contact lens exam.
3. Trial contact lenses.
4. Your initial care kit.

Professional fees are paid for contact lens fittings and are non-refundable. Contact lenses are purchased separately and in the case of soft lenses, any boxes purchased must be returned unopened and with a non-expired expiration date to receive credit. Gas permeable contact must be returned in good condition. Lost or damaged gas permeable contact lenses are not refundable.

Caring For Your Lenses

My Contacts are:

- To be removed every night at least 30 minutes prior to bedtime.
- To be disposed of every day / two weeks / month.
- To be cleaned with Opti-Free Replenish / Clear Care. Lens cases should be replaced at least every 3 months.

I am not to change my wearing and cleaning schedule, switch, substitute, or mix contact lens care products without first checking with my doctor. Damage to the lenses or severe eye irritation can result from over wearing lenses or inappropriate use of solutions.

Prescription Eyeglasses and Non-Prescription Sunglasses

Prescription Eyeglasses - As a contact lens wearer you should maintain a pair of prescription eyeglasses. Contact lenses are not intended to be your only means of vision correction.

Non-Prescription Sunglasses - Quality sunglasses are essential for all contact lens wearers. For added protection and comfort, consider UV protection and polarized lenses.

Patient Agreement

I am aware of other alternatives for the correction of my vision other than contact lenses. Even with proper care there are risks to wearing contact lenses, which include: **Soft lenses** - irritation from solutions or protein build-up, conjunctivitis, corneal vascularization, and sever and potentially blinding corneal infections and loss of eye. **Rigid lenses** - intolerance, corneal swelling and/or ulceration, corneal warping, change in the shape of the cornea, and irritation from chipped or broken lenses.

- I acknowledge that I have been properly instructed in the care of my contact lenses. I also understand that if I do not follow the instructions given for the care of my lenses, I put myself at risk to develop infections that can lead to the loss of vision or even the loss of an eye.
- I understand that poor care of my lenses may make them uncomfortable and not wearable.
- I acknowledge that I have been instructed and have practiced insertion and removal of my lenses. (If applicable)
- I will remove my lenses and call the office if:
 - I develop unusual pain or discomfort.
 - I experience decreased vision that does not get better.
 - I have redness of the eye.
 - I suspect something is wrong.

Patient's / Guardian's Signature

Date

Technician's Signature

Date