



Contact Lens Agreement

Please read this information carefully. We would be happy to answer any questions.

If you are a current contact lens wearer or are interested in wearing contact lenses, you will need a contact lens evaluation.

In 2004 the Food and Drug Administration (FDA) classified contact lenses as a medical device. Therefore a fitting must be performed to ensure the accuracy and safety of the contacts.

An evaluation of contact lenses is **NOT** included in a general eye examination. Contact lens patients require extra time for testing and measurements and **will be charged an additional fee**. This fee is not usually covered by insurance and is due at the time of service. If you choose not to do the contact lens evaluation on the same day as your comprehensive eye exam, you may come back within 90 days of your initial visit for no additional fee, other than the evaluation fee. If you come back after the 90 day period a refraction fee of \$45 will be applied to the contact lens evaluation fee.

First-time contact lens wearers are required to have a training session at the cost of **\$50.00** with our technician to learn about contact lens care, insertion, removal, and handling. You will then be required to come back 1 week after your initial visit where the doctor will check the health of your eyes and your vision with the contact lenses and then finalize your prescription.

Contact Lens Fee Schedule

New Patients- Spherical(includes initial evaluation and follow up).....	\$ 110.00
Current Patients- Spherical (includes evaluation)	\$ 80.00
New Patients- Toric (includes initial evaluation and follow up).....	\$ 150.00
Current Patients- Toric (includes evaluation)	\$ 130.00
New Patients Multi-Focal (includes initial evaluation and follow up).....	\$ 250.00
Current Patients Multi-Focal (includes evaluation).....	\$ 225.00
RGP Regular wearers.....	\$ 250.00
RGP Multifocal wearers.....	\$ 350.00

(Prices vary depending on vision plan)

_____ I would like to have a contact lens evaluation today. I have read and understand the agreement for contact lens services and the fees associated with these services. I also understand my contact lens prescription is only valid for 1 year from the date of the initial evaluation and that a yearly evaluation is required to update the prescription.

_____ I do not want a contact lens evaluation today and I am aware that without it I will not get a prescription for contact lenses.

Patient Name _____

Date _____

Signature of Responsible Party _____