

Contact Lens Agreement Acknowledgement

The Centers for Disease Control and Prevention (CDC) makes clear: "Contact lenses can provide many benefits, but they are not risk-free -- especially if contact lens wearers don't practice healthy habits and take care of their contact lenses and supplies. If patients seek care quickly, most complications can be easily treated by an eye doctor. However, more serious infections can cause pain and even permanent vision loss, depending on the cause and how long the patient waits to seek treatment."

The CDC recommends the following for contact lens wearers:

- Schedule a visit with your eye doctor at least once a year.
- Take out your contacts and call your eye doctor if you have eye pain, discomfort, redness, or blurry vision.
- Understand that eye infections that go untreated can lead to eye damage or even blindness.

DOCTOR FEES

Your contact lens fee includes the following:

1. Contact lens prescription.
2. Initial trial pair of contact lenses (for disposable lens wearers)
3. Contact lens evaluation and management services
4. Office visits (related to contact lens wear) for 60 days.

Every possible effort has been made to see that you are a good candidate for contact lenses. However, it is impossible to guarantee success with contact lenses or health care of any type. Due to this impossibility, **doctor/professional fees are non-refundable.**

PATIENT AGREEMENT

- I acknowledge and understand the above information.
- If I experience any of the following I will contact Master Eye Associates or another eye care professional immediately: irritated eyes, red eyes, discharge or watery eyes; worsening pain in or around my eyes even after contact lens removal; sudden blurry vision or light sensitivity.
- If I sleep while wearing my contact lenses, I have advised my optometrist and I will return for a follow-up exam in 6 months.
- I understand that failure to follow prescribed wearing guidelines and proper lens care could result in injury to my eyes.
- ☐ **EXPERIENCED WEARER** - I acknowledge that I am an experienced contact lens wearer and I do not need instruction in contact lens care or insertion and removal of my contact lenses.
- ☐ **NEW CL WEARER** - I have been instructed in the care of my contacts and understand that failure to follow all instructions may result in discomfort or blurred vision and could result in injury to my eyes. I understand that contacts are fragile and that there is **no warranty against damage to my contact lenses**. I have been instructed, and have practiced, insertion and removal of my contact lenses and I am ready to begin wear on my own.
- I acknowledge that I have received a copy of my contact lens prescription.

Date

Patient Signature

Parent/Guardian Signature