



CG Eyecare of Florida

I UNDERSTAND THAT THE FDA (THE UNITED STATES FOOD AND DRUG ADMINISTRATION) REGULATES CONTACT LENSES (CONTACTS), GIVEN THAT THEY ARE CONSIDERED MEDICAL DEVICES.

WARNING: KERATITIS, OR INFLAMMATION OF THE CORNEA, IS ONE OF THE MOST SEVERE COMPLICATIONS OF THE OCULAR SURFACE THAT CAN LEAD TO SCARRING THE CORNEA AND/OR SIGNIFICANT OR COMPLETE VISION LOSS. ONE CAUSE OF KERATITIS IS SECONDARY TO CONTACT LENS WEAR. CONTRIBUTING FACTORS ALSO INCLUDE, BUT NOT LIMITED TO; SMOKING, PREVIOUS EYE INJURIES, PREVIOUS EYE SURFACE CONDITIONS, TRAUMA, POOR HYGIENE OR LENS CARE, CONTACT LENS OVERWEAR, AND/OR CONTACT LENS PRODUCTS. HOWEVER, SLEEPING IN YOUR CONTACTS, POSES THE GREATEST RISK FOR COMPLICATIONS.

ADDITIONAL INFORMATION CAN BE FOUND ON THE FOOD AND DRUG ADMINISTRATION WEB SITE: <https://www.fda.gov/medicaldevices/productsandmedicalprocedures/homehealthandconsumer/consumerproducts/contactlenses/default.htm>

I UNDERSTAND THAT THERE ARE BOTH BENEFITS AND RISKS TO WEARING CONTACT LENSES. THE BENEFITS INCLUDE IMPROVED VISION, COSMETIC APPEAL, AND/OR CONVENIENCE. I UNDERSTAND THAT PROPER USAGE AND CARE OF MY CONTACT LENSES, LENS CARE PRODUCTS, AND LENS CASES ARE CRITICAL TO SAFE WEAR OF CONTACT LENSES. I UNDERSTAND THAT SERIOUS DAMAGE TO THE EYE, SCARRING OF THE CORNEA, AND VISION LOSS CAN RESULT FROM PROBLEMS ASSOCIATED WITH WEARING CONTACT LENSES, IMPROPER LENS CARE HABITS, AND UTILIZING LENS CARE PRODUCTS.

PROPER CARE FOR MY CONTACT LENSES INCLUDE, BUT IS NOT LIMITED TO, PROPER CONTACT LENS AND CONTACT LENS CASE CARE, ADHERING TO MY WEARING SCHEDULE, REPLACEMENT SCHEDULE, RECOMMENDED SOLUTIONS AND PRODUCTS, AND PRESENTING MY FOLLOW-UP APPOINTMENTS AND YEARLY EYE EXAMINATIONS. I UNDERSTAND THAT FAILURE TO COMPLY WITH THE PREVIOUS STATEMENTS COULD RESULT IN DAMAGING MY EYES AND/OR IN TERMINATION OF CONTACT LENS WEAR BY THIS OFFICE.

I UNDERSTAND THAT IT IS POSSIBLE FOR PROBLEMS, INCLUDING CORNEAL ULCERS, TO RAPIDLY DEVELOP AND LEAD TO VISION LOSS. I UNDERSTAND THAT IF I EXPERIENCE ANY EYE DISCOMFORT, SENSITIVITY TO LIGHT, BURNING, ITCHING, EXCESSIVE TEARING, REDNESS, DECREASED VISION, PAIN, DRYNESS, UNCOMFORTABLE LENS SENSATION, OR ANY UNUSUAL EYE SECRETIONS AND SYMPTOMS TO IMMEDIATELY REMOVE MY CONTACT LENSES AND PROMPTLY CONTACT THIS OFFICE AT 434.973.7996

- FOLLOW UP VISITS – 3 VISITS (IF NEEDED) INCLUDED (within 30 days of initial eye exam)
 - ONLY APPLIES TO FINALIZING A CONTACT LENS PRESCRIPTION AND NOT DIAGNOSING AND/OR TREATING A CONTACT LENS OR MEDICAL INFECTION
 - FEES APPLY FOR FOLLOW-UPS 30 DAYS PAST THE INITIAL EXAM DATE
- WEAR CONTACT LENSES TO FOLLOW-UP APPOINTMENTS
 - (unless experiencing any problems)
- THE EYE HEALTH, YOUR COMFORT, AND VISION ARE EVALUATED BEFORE A LENS IS FINALIZED AND YOU'RE GIVEN A PRESCRIPTION OR CAN ORDER
- TO CHANGE CONTACT LENS BRAND - FEES APPLY
- NO TRIAL CONTACT LENSES GIVEN AFTER PRESCRIPTION HAS BEEN FINALIZED

YOUR LENSES ARE:

SOFT «MC_1970»

GAS PERMEABLE «MC_1971»

YOUR REPLACEMENT SCHEDULE:

- DAILY
- 2-WEEK
- 1-MONTH
- 3-MONTHS
- 1-YEAR
- OTHER: _____

WARNING: WEARING YOUR CONTACTS PAST THE RECOMMENDED SCHEDULE WILL INCREASE YOUR RISK FOR EYE INFECTIONS, WHICH CAN POTENTIALLY LEAD TO VISION LOSS.

YOUR SOLUTION IS:

- OPTIFREE PUREMOIST
- RENU
- COMPLETE
- CLEAR-CARE
- ACUVUE REVITALENS
- BIOTRUE
- BOSTON
- OTHER: _____

YOUR WEARING SCHEDULE:

- 4 HOURS 1ST DAY, INCREASE BY 2 HOURS A DAY - MAX OF 10-12 HOURS
- DAILY – MAX 10-12 HOURS
- FULL TIME EXTENDED WEAR - UP TO _____ NIGHTS

- THERE IS A GREATER RISK OF INFECTION WITH SLEEPING IN CONTACTS
- NOT ALL CONTACTS ARE FDA APPROVED FOR EXTENDED WEAR
- ALL EYES ARE NOT ABLE TO WEAR THIS MODALITY EVEN WITH OPTIMAL CONTACTS
- 6-MONTH FOLLOW UP VISIT RECOMMENDED

YOUR FOLLOW –UP APPOINTMENT IS IN: _____ Day/ Week/Month/YR

IMPORTANT: REGARDLESS OF WHERE YOU PURCHASE CONTACTS; YOUR WEARING SCHEDULE, SOLUTION, REPLACEMENT SCHEDULE, CARE REGIMEN, FOLLOW-UP & EXAMS REMAIN THE SAME.

I FULLY UNDERSTAND THE RISKS AND BENEFITS OF WEARING CONTACT LENSES. I AGREE TO RETURN FOR MY FOLLOW-UP VISIT WHOSE MAIN PURPOSE IS TO ENSURE THE SAFETY OF MY EYES. BY SIGNING THIS CONSENT I AGREE TO ADHERE TO THE CONTACT LENS INSTRUCTIONS AS STATED ABOVE.

PATIENT SIGNATURE: _____ PRINTED NAME: _____ DATE: _____

PATIENT INSTRUCTIONS: C-LUMINOUS EYECARE, INC. RECOMMENDS FOR YOU TO HAVE A CURRENT BACK-UP PAIR OF GLASSES.

○ **HANDLING, INSERTION, AND REMOVAL**

TACO TEST

PLACE CONTACT IN THE CREASE OF YOUR HAND AND GENTLY SQUEEZE HAND.

*IF EDGES COME TOGETHER (LIKE A TACO) = CONTACT IS THE RIGHT SIDE OUT = RIGHT WAY

*IF EDGES DO NOT COME TOGETHER – CONTACT IS THE WRONG SIDE OUT – WRONG WAY...INVERSE LENS PRIOR TO INSERTION

- ALWAYS WASH YOUR HANDS THOROUGHLY PRIOR TO HANDLING CONTACTS
- DO NOT USE SOAPS WITH FRAGRANCES OR LOTIONS – WILL IRRITATE AND BLUR VISION
- DRY HANDS WELL
- KEEP CONTACTS AWAY FROM WATER OR FROM WEARING THEM IN WATER (TAP, POOL, LAKE, HOT TUB, ETC)
- ALWAYS START WITH THE RIGHT EYE - WILL HELP YOU NOT MIX UP LENSES
- **INSERT CONTACTS PRIOR TO APPLYING MAKEUP AND FACIAL CREAMS**
- CHECK THE EDGE OF THE CONTACT – EDGES FOLDING INWARD=RIGHT WAY, EDGES FLARING OUT = WRONG WAY
- INSPECT CONTACT FOR ANY DEBRIS, EYELASHES OR TEARS PRIOR TO INSERTION
- HOLD EYELASHES AWAY FROM EYES WITH THE MIDDLE FINGER (OF YOUR NON-DOMINANT HAND) LOOK ONLY IN ONE POSITION WHILE THE CONTACT IS POSITIONED ON THE FOREFINGER (OF YOUR DOMINANT HAND)
- GENTLY PLACE THE CONTACT ON THE WHITE OF THE EYE WITHOUT PRESSING IT IN
- BLINK FREQUENTLY, BUT ONLY GENTLY, WHILE CONTACTS ARE SETTLING ON YOUR EYES
- **TO REMOVE** - LOOK UP, USE THE MIDDLE FINGER (OF YOUR NON-DOMINANT HAND) & WITH MINIMAL FORCE SLIDE CONTACT DOWN ONTO THE WHITE OF THE EYE, & GENTLY PULL OFF WITH THE CUSHIONS OF INDEX FINGER AND THUMB (OF YOUR DOMINANT HAND). LONG FINGERNAILS CAN MAKE INSERTION, REMOVAL, & CLEANING OF CONTACTS DIFFICULT AS WELL AS DAMAGE THEM
- FOLLOW THE RECOMMENDED CONTACT LENS SOLUTION INSTRUCTIONS FOR THE PROPER METHOD AND TIME NEEDED TO DISINFECT

○ **CARE & MAINTENANCE OF CL**

CONTACT LENS INSERTION, REMOVAL AND HYGIENE VIDEO

<http://www.aoa.org/x8024.xml>

- RUB AND RINSE CONTACTS WITH YOUR SOLUTION FOR 10-15 SECONDS BEFORE DISINFECTING LENSES
- NEVER SHARE CONTACTS
- NEVER USE SALINE, WATER, SALIVA OR ANY OTHER LIQUID TO DISINFECT YOUR CONTACTS EXCEPT FOR THE PRESCRIBED SOLUTION
- ALWAYS USE FRESH SOLUTION DAILY AND NEVER TOP-OFF OR ONLY ADD TO THE REMAINING SOLUTIONS IN THE WELLS
- DAILY RINSE YOUR LENSES CASE WITH SOLUTION –CHANGE YOUR LENS CASE AT LEAST EVERY 1-3 MONTHS
- IF THERE IS A TEAR IN YOUR CONTACT – THROW IT OUT- WEARING IT MAY DAMAGE YOUR EYE
- AVOID HARMFUL OR IRRITATING VAPORS WHILE WEARING YOUR CONTACTS
- DO NOT UTILIZE DROPS, SOLUTIONS, OR MEDICATIONS IN YOUR EYES UNLESS DIRECTED BY YOUR DOCTOR, SINCE THEY MAY DAMAGE YOUR LENSES AND IRRITATE YOUR EYES
- YOU MAY USE PRESCRIBED REWETTING DROPS WITH YOUR CONTACTS
- BE AWARE THAT HOT OR WINDY ENVIRONMENTAL CONDITIONS MAY DRY OUT YOUR CONTACTS
- DO NOT USE VISINE OR ANY OTHER PRODUCT TO “TAKE THE RED OUT” IF YOU HAVE A CONTACT LENS RELATED RED EYE
- NO SLEEPING , SHOWERING, USING THE HOT TUB, OR SWIMMING WITH CONTACTS – UNLESS OTHER RECOMMENDATIONS HAVE BEEN SPECIFICALLY MADE FOR YOU

○ **IMPORTANCE OF FOLLOW-UPS**

- ARE USUALLY ONE WEEK AFTER YOUR INITIAL CONTACT LENS FIT
- COME IN WEARING YOUR TRIAL CONTACTS AT LEAST FOUR HOURS PRIOR TO YOUR APPOINTMENT TIME. ****IF YOU DO NOT DO SO, YOU MAY BE POLITELY ASKED TO RESCHEDULE YOUR APPOINTMENT**
- THE EYE HEALTH, YOUR COMFORT, AND VISION ARE EVALUATED BEFORE A LENS IS FINALIZED AND YOU’RE GIVEN A PRESCRIPTION OR CAN ORDER
- **ONCE THE FIT IS COMPLETE, PATIENTS ARE NOT ENTITLED TO ADDITIONAL TRIAL CONTACTS**
- ALL CONTACT LENS PATIENTS ARE RESPONSIBLE FOR SCHEDULING AND COMING IN FOR A CONTACT LENS FOLLOW-UP WITHIN 30 DAYS OF THE EXAM OR FEES MAY APPLY

PATIENT SIGNATURE: _____ PRINTED NAME: _____ DATE: _____