

Contact Lens Fitting Fee and Patient Care Agreement

In order to make your contact lens experience with our office as pleasant and informed as possible we would like to explain our contact lens fitting procedure.

A contact lens prescription is different from a glasses prescription. A contact lens is a medical device in contact with the tissues of your eye; therefore, it must fit appropriately and requires proper fitting on the eye to create a healthy environment. If you are having a comprehensive eye examination and wear contact lens, our professional staff will be evaluating your current contact lens to determine the present appropriateness of your lenses. Contact lens fitting and assessment are above and beyond your eye examination and will require an additional fee. The fitting fee will be determined by the doctor according to the type of contact lens and the difficulty of the fit. This fee covers the contact lens fit and any follow-ups for 90 days.

THE COMPREHENSIVE EYE EXAM

Before a person can be fit with contact lenses, a complete medical and refractive eye examination is necessary. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use.

CONTACT LENS FITTING

The goal of contact lens fitting is to find the most appropriate contact lens for each patient's optimal vision and comfort. An enormous variety of types, materials, sizes and colors are offered. We are committed to taking the time and effort to fit your contact lenses properly. Although many people will need only one fitting session, sometimes this process requires several appointments. Everyone being fit into contacts must go through the fitting process. We will not finalize the contact lens prescription until both the individual being fit for contacts lenses and the doctor are satisfied with the fit and visual acuity of the contact lens. We will provide one set of trial lenses. Dispensing of trial contact lenses may only be at the time of the original examination and scheduled follow-up visits when a change is required. A contact lens trial will not be dispensed at other times. Any patient who is changing lens brands must have a new fitting and there may be an additional fitting charge.

CONTACT LENS TRAINING SESSION (for first time contact lens wearers)

The patient will be provided with personalized instruction concerning the safe care and usage of contact lenses. If additional time is needed, it will be necessary to schedule a second 30-minute training session at a different time. Upon completion of successful insertion and removal, the patient may begin wearing the contact lenses and we will schedule the first follow-up appointment within two weeks.

FOLLOW-UP APPOINTMENTS

Follow-up appointments are necessary to assure:

- The contact lenses are fitting and moving well
- The prescription is providing the best possible vision
- The eyes are remaining healthy
- There are no problems with insertion or removal
- The patient understands and complies with the recommended wearing schedule
- Prescriptions will NOT be written for patients who do not keep follow up appointments. There is no charge for follow-up visits during the first 90 days.

Expiration of Prescriptions

By law, a contact lens prescription is valid for only one year from date of finalization of contact lens fitting. All patients are required to come in for an annual contact lens exam. This is necessary to assure that the patient's eyes are healthy and the contact lenses are still fitting well. Contact lens prescriptions cannot be renewed without a comprehensive eye exam.

Patient Care 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, dry eyes, corneal vascularization and severe and potentially blinding corneal infections and loss of eye. Rigid lenses - intolerance, corneal swelling and ulceration, corneal warping, change in shape of the cornea causing problems seeing well with glasses and irritation from chipped or broken lenses. Extended wear contact lenses- risks include, but are not limited to, significantly increased risk of corneal ulcer and infection, severe and potentially blinding corneal infections, and possible loss of eye(s).

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 and may increase the cost of my contact lens wear. I understand the fragility of contact lenses and that there is no warranty against damage of the lenses. Also, I have been instructed and have practiced insertion and removal of my lenses. (If applicable)

I understand that this contact lens prescription is valid for replacement lenses for one year and that an annual eye and contact lens examination will be required to update this prescription for replacement lenses after one year. I understand that if I do not have an exam after one year, than my risk of infection, discomfort, or ruined lenses becomes greater as time passes. No trial contact lenses and/or contact lens refills will be given if the prescription is expired.

There are many variables to contact lenses and I understand there is no guarantee that I will become a successful contact lens wearer.

I understand that it is normal if at first:

- My lenses itch or feel unusual.
- I feel one lens more at times.
- My vision seems fuzzier than with glasses.
- One eye sees better than the other.

I will remove my lenses and call the office ASAP if:

- I develop unusual pain or redness.
- I experience decreased vision that does not get better.
- I suspect something is wrong.

I have read the contact lens fitting fee and patient care agreement. I understand the fitting procedure and that full payment is expected at the time a contact lens fitting is performed. There will be NO refund of the exam, fitting, or annual contact lens examination fee.

Patient/Guardian Signature: _____

Printed Name: _____ Date: _____