## Dr. Gina A. Dyda-Schmid, Optometrist & Associates

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## **Contact Lens Policy**

Welcome to our office! We look forward to providing you with the best contact lens care. Our expertise in contact lens fitting and our extensive knowledge of the latest designs and materials has enabled us to fit satisfied patients for over twenty years. Our philosophy is to give you the best vision and comfort possible while ensuring your eyes are in optimum health over a lifetime of contact lens wear.

## We require the following:

- 1. Yearly comprehensive eye examinations.
- 2. Contact lens fitting and/or assessment.
- 3. Contact lens instruction for new wearers, including handling, insertion, removal, cleaning and disinfection.
- 4. Contact lens follow up (within 1 month).

Other materials to purchase include: Multipurpose solution for cleaning and disinfecting (Opti-Free Replenish or Clear Care recommended), lubricating and re-wetting drops, sterile saline solution for rinsing the lenses after overnight storage (optional), and a replacement contact lens case every 3 months.

Contact lens prescriptions will be released to you at the end of a contact lens fitting, when we have determined that the lenses are working for your eyes. Contact lens prescriptions are written for one year according to the Regulations of the Virginia Board of Optometry. You will need to have new eye examination in order to purchase contacts after one year.

Contact lenses are medical devices for the eye and should be used according to your doctor's instructions. If not used properly, they may result in problems such as discomfort, infection or vision loss. Any fees incurred from improper use of my contact lenses are not associated with a contact lens fitting and I will be charged accordingly. I will not hold Dr. Gina A. Dyda-Schmid, Optometrist & Associates responsible for any problems associated with contact lens wear.

Contact lenses should be removed if redness, pain, light sensitivity, or decreased vision occurs. With severe pain or redness, call for an urgent office visit appointment as soon as possible. Contacts can be worn again when the eye is clear and white for a couple of days.

I understand that contact lens wear is not for everyone and if my experience is unsuccessful, professional fees are not refundable. I have read this sheet and understand my responsibilities as a contact lens wearer.

Patient Signature:	Date: