

CONTACT LENS PATIENT AGREEMENT

General information:

In 2004 the Food and Drug Administration (FDA) classified contact lenses as medical devices. Therefore a fitting must be performed to ensure the accuracy and safety of the contacts. The FDA also requires a contact lens evaluation be done on an annual basis regardless if the patient has worn contact lenses in the past. Therefore, a contact lens prescription is only good for 1 year.

Contact lens services:

The cost of your eye exam does not include ANY contact lens services. These fees are in addition to the routine eye exam. In our office, contacts will be fit or reevaluated every year. The health of your eye, related to contact lens wear, will also be evaluated every year.

_____ 1) I acknowledge that I will adhere to the contact lens wear, care and replacement schedule advised by my doctor.

_____ 2) I understand that if I do not follow my doctor's instructions regarding contact lens wear and care that such actions could result in harm to my health and/or vision. I will not hold my doctor or staff responsible for any related eye health and/or vision problems.

_____ 3) I will receive trial/sample lenses free of charge ONLY TO COMPLETE THE EXAM FITTING/EVALUATION. Once given the prescription for my contact lenses, I am to purchase up to the annual supply on my own. No other samples will be provided until the next annual eye exam. If samples are not available in office, I understand they will be ordered for me and can take APPROXIMATELY 2–4 weeks to arrive.

DO...

Replace contact lens case monthly

Put make-up on after inserting contacts

Change solution in your case daily

Keep fingernails trimmed

Wash hands before handling contacts

Avoid hand lotions, etc. prior to handling contacts

Air-Dry case with lids off when not in use

Read instructions completely before using contact solutions

Discard and replace your contacts, as prescribed, for your health.

DON'T...

Don't sleep in your contacts

Don't swim in your contacts

Don't wet your contacts with saliva

Don't use drops that are not approved for use with contacts

Don't share your contacts, they can carry viruses

Don't use tap water on your contacts or case

Don't over wear your contacts

WARNING

IF YOU EXPERIENCE EYE PAIN, REDNESS, DISCHARGE, LOSS OF VISION OR SENSITIVITY TO LIGHT; REMOVE YOUR CONTACTS AND SEE AN EYE SPECIALIST IMMEDIATELY. SOME INFECTIONS CAN CAUSE BLINDNESS WITHIN 24 HOURS.

I have read and understand the agreement for contact lens services and the fees associated with these services. I understand my contact lens prescription is only good for 1 year from the date of the initial exam and I will require a yearly exam to update the prescription.

Patient/Guardian Signature: _____

Date: _____