CONTACT LENS AGREEMENT

Virtually all types of contact lenses are available for fitting, and we will make every attempt to conform to your wishes. However, we will recommend the contact lenses that give you the best vision possible and fit your individual lifestyle. In order to provide our patients with the highest standard of care, all patients are **REQUIRED** to have a vision screening examination and/or comprehensive medical examination by our doctor prior to contact lens fitting. Contact lens fitting fees vary depending on the type of contact lens with which you are fit.

A. Complete contact lens fitting.
B. Contact lens evaluations and follow-up care for 90 days from the **INITIAL** contact lens exam. All visits after 90 days will include a fee.
C. Lab changes and modifications of new contact lens for 90 days from the **INITIAL** contact lens exam if a power change is required. This does not include a change in tint or upgrade in contact lenses. **
D. Trial contact lenses – up to a total of 4 trial sets.
E. Your initial care kit.

**RGP lenses must be returned within 30 days in original packaging.
All returns may be subject to shipping & handling and/or exchange fees.

CONTACT LENS FEES*

Fit = $100 soft or multi-bifocal/$200 RGP applies to any patient that is being fit in contact lenses for the first time, and/or is wearing contact lenses but has never been fit by one of our doctors, and/or has been fit by our doctors but requires fitting in a new type of contact lens.

Contact Lens Maintenance Exam = $80/Toric $80/Multi-bifocal $90 applies to the examination of existing contact lens fit and dispensing of new contact lens prescription for patients previously fit by one of our doctors.

Contact Lens Teaching = $25 insertion/removal technique & training for care of the lenses.

***Prices subject to change without notice**

Professional fees are to be paid for contact lens fittings on the date of service and are nonrefundable. Contact lenses are purchased separately and in the case of soft contact lenses any boxes purchased must be returned **unopened** and with **a non-expired expiration date** to receive credit. Gas permeable contacts must be returned in good condition. Lost or damaged gas permeable contact lenses are not refundable.

PATIENT 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, corneal vascularization and severe and potentially blinding corneal infections and loss of eye. **Rigid lenses –** intolerance, corneal swelling and or 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 –** we do not recommend overnight wear of any contact lenses. Risks include significantly increased risk of corneal ulcer and infection and severe and potentially blinding corneal infections and loss of eye. Extended wear does not imply "continuous wear."

- 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 also 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, then my risk of infection, discomfort or ruined lenses becomes greater as time passes.
- 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 if:
  - I develop unusual pain or redness.
  - I experience decreased vision that does not get better.
  - I suspect something is wrong.
- I understand that if an eye infection, allergy, etc. occurs during a contact lens fitting, the treatment of said eye infection, allergy, etc. will be billed to my medical insurance and I will be responsible for any copay under my medical insurance.
- I understand that full payment is expected at the time a contact lens fitting is performed.

We are pleased that you have chosen Fenton Family Eyecare for your contact lens care and look forward to a very pleasant experience with you.

Patient's/Guardian's Signature DATE

Technician's Signature DATE