

EXCELLENCE IN EYECARE CONTACT LENS POLICY

Contact Lens Examination and Fitting:

At your request, today's examination will include a contact lens fitting, which will be charged in addition to your routine eye exam. A contact lens is a medical device in contact with the tissue of your eye; therefore, it must be fit appropriately to maintain the health of your eyes. A contact lens prescription can only be determined by careful observation of the lens on the eye and the eye's response to the lens on subsequent follow up visits. Since follow up care is essential, it is your responsibility to keep all appointments and follow all lens care instructions.

As part of the initial contact lens fitting, we will evaluate your corneal measurements and dispense trial contacts for you to try. If you are a current contact lens wearer we will evaluate their performance and make any necessary changes

Payment for the fitting is due on the initial fitting date and is non-refundable. Professional fees provide for the contact lens fitting and measurements, trial lenses if necessary, instruction on insertion and removal for first time wearers, and 90 days of follow up care. Any medical issue contact lens related or not is not included in the 90 day follow up care period. All follow up care and offices visits after the 90 day period is the responsibility of the patient. There will be a \$35.00 refitting fee outside of the 90 day period.

Contact Lens Prescription Release:

Your contact lens prescription expires one year from the date of the comprehensive examination. A contact lens prescription cannot be released until follow up visits have confirmed a good fit and eye health.

Patient Agreement:

I have read and understand the above terms and conditions and understand the importance of following all directions, caring for my lenses as instructed, and returning for all recommended follow up examinations. A contact lens is a medical device that comes in direct contact with my eye. There are risks involved with wear and especially with over wear of contact lenses. I understand that if I should experience sudden or prolonged redness or irritation, I should call this office immediately. I understand that noncompliance may result in unsatisfactory service from my lenses, and could result in injury to my eyes. I understand that I am required to complete follow up care prior to having my contact lens prescription released. Additionally, I am aware of the importance of annual exams while wearing contact lenses. Furthermore, I understand that if my insurance does not have a contact lens fitting benefit, or if the fitting benefit is combined with the purchase of contacts, I will be billed for the fitting fees.

Patient Name: _____ Date: _____

Signature: _____