CONTACT LENS CONSENT FORM

For Patients Who Wish to be Fitted with Contact Lenses:

1. Please tell the technician who performs your initial work-up that you are interested in Contact Lenses.

2. In order to be fit with Contact Lenses, you must first have a dilated eye exam with one of our doctors. If our doctor approves Contact Lenses for your eyes, we will order them. We will schedule a fitting visit when they arrive.

3. Unless you have some eye condition requiring specialized Contact Lens fitting services, the cost for Contact Lens fitting is $280.00 for new patients. This fee includes the fitting visit, the cost of the Contact(s), three follow-up visits, contact supplies and is NON-REFUNDABLE. To refit you in a different type of contact if you already wear contacts will be $160.00 (includes trial contacts and three visits) and is NON-REFUNDABLE.

4. Medical Insurance does NOT cover Contact Lens fitting and we do not accept vision insurance plans. Therefore, you are responsible for the cost of fitting and we will not file with any insurance plan.

5. Once you have been successfully fit in Contact Lenses, we will either 1) order a supply of Contacts, the cost of which varies according to the specific lens ordered, or 2) give you a prescription for your Contacts which you may fill wherever you want.

For Established Contact Lens Wearers:

1. In order to renew your Contact Lens prescription, you must first have a dilated eye exam with one of our doctors at least once a year. We will evaluate your current Contacts at the time of the exam, so be sure to bring your Contacts and glasses with you to your appointment. All Contact Lens prescriptions are valid for 12 months. You must have a complete eye exam every 12 months to keep the prescription current. Your contact lens prescription can not be refilled unless you are in compliance with our policy.

2. You will be charged a fee of $35.00 to evaluate the fit and condition of your Contacts. This charge is not covered by any insurance program and is payable at the time of the exam. This fee is in addition to any fees associated with your eye exam by the doctor. The Contact Lens prescription will be released to you upon request if you have been compliant with our policies.

3. For Contact Lenses originally fitted elsewhere, you must provide us with the Contact Lens prescription information from the previous fitter, or from the Contact Lens package or box.

4. If a Contact Lens seems defective in any way, do not wear it and report the problem to us immediately.

5. If you have a Contact Lens related problem, you may see a technician to address that problem. Each technician visit will cost $35.00. If a medical problem (such as an eye infection or injury) is discovered at the technician visit, you must see one of our doctors for treatment. If you do see a doctor, you will be charged according to the services the doctor renders.

Patient Statement:
I have read and understand the statements above. I am aware of other alternatives for the correction of my vision such as glasses or refractive surgery. I am aware that wearing Contact Lenses potentially pre-disposes me to develop certain vision-threatening conditions including, but not limited to corneal molding syndrome, conjunctivitis, abnormal corneal blood vessels, infectious corneal ulcer leading to corneal scarring (possibly requiring a corneal transplant), or even endophthalmitis (total infection of the eyeball resulting in loss of the eye itself). I know that sleeping in Contact Lenses substantially increases the risk of such complications, even if the Contact Lenses have been approved for overnight wear, and is NOT recommended to ANY patient by my doctor. I understand that my doctor requires that I remove and disinfect my Contact Lenses nightly.

Patient Signature__________________________________________
Date_________________________