



CONTACT LENS PATIENT AGREEMENT

Contact lens medical service fees vary according to the amount of doctor’s professional services provided to reach the optimum fit and comfort for our patients. Medical service fees are nonrefundable and non-exchangeable.

Basic Contact Lens Medical Service Fees

<u>Non-refundable Nonexchangeable</u>	<u>Soft Contact Lens</u>	<u>Toric or RGP CL Monovision/Bifocal</u>
<u>First Time Wearer (includes training)</u>	\$125.00	\$185.00
<u>Previous CL Wearer (New Patient)</u>	\$100.00	\$160.00
<u>Previous CL Wearer (Established Patient)</u>	\$75.00	\$135.00

Any additional office visits for complex fittings, problem solving or post-fitting follow-ups are subject to a separate fee. These fits include, but are not limited to keratoconus, aphakia, and abnormal corneal designs.

Contact lens Medical Service Fees/Prescription Finalization

- The Contact Lens Medical Service Fee above includes:
 - All contact lens initial contact lens medical services consult PLUS
 - One follow-up office visit for evaluation of contact lens fit, performance and eye health.
- All contact lens patients MUST RETURN WITHIN 4 WEEKS of the initial examination for the follow up evaluation of the contact lens fit, performance and eye health unless otherwise noted by the doctor. Should this not take place, the initial consultation fee may be forfeited.
- All contact lens patients are required to have one problem free visit before the contact lens prescription is finalized.
- Any additional office visits for complex fittings, problem solving or post-fitting follow ups are subject to a separate fee.

PLEASE NOTE: It is impossible to determine in advance whether a patient will be a successful wearer of contact lenses. Certain personal, physiological, and environmental factors may adversely affect the success of wearing contact lenses and may require a change in wearing schedule or termination of lens wear. These factors may include poor lens hygiene, not returning for follow up visits, history of allergies, manual dexterity problems, severe emotional stress, comfort problems, use of certain medications and lens deposit problems.

Do you want a Contact Lens Fitting Today YES/NO

I have read, understood, and been provided with the information above.

Patient or Guardian Signature

Date