

❖ Contact Lens Program ❖

** Our goal to provide a convenient, enjoyable, and healthy experience for all of our contact lens patients **

Our comprehensive program ensures the clearest most comfortable vision possible with contacts.

Office Use Only:

Type of Contact Lenses:

- Disposables
(1 day - 2 week)
- Planned Replacement
(1 month - 6 month)
- Yearly Replacement
(1 year)

Contact Lens Fee Schedule:

- Basic Fitting - **\$80**
(spherical daily wear)
- Advanced Fitting - **\$100**
(\$25 extra for each mix)
 - Extended wear
 - Colored contacts
 - Toric Lenses
 - Monovision
 - RGP's
 - Bifocal Contacts
 - Post-RK lenses
 - Post-PRK lenses
 - Post-LASIK lenses
- Specialty Fitting - **\$150**
 - Keratoconus lenses

Eye Health Exam:	
Contact Lens Fitting Fee:	
Contact Lenses:	
TOTAL:	

Contact lenses are a unique type of visual correction that require more care and attention than eyeglasses. **The most important aspect of your contact lens experience is the care and training you receive.** It is our goal to prescribe for you the healthiest contact lenses for your eyes. We are dedicated to keeping up with the latest developments in contact lens materials, wearing schedules, and available options to make your contact lens experience the best it can be for your eyes.

NOTE: All patients are expected to have recently had a comprehensive eye health exam (the day of the contact lens fitting or within past 2 months) and have a current pair of glasses prior to beginning lens wear. Your contact lens prescription will expire after one year from your eye health exam date.

Diagnostic Fitting:

The first step in obtaining contact lenses is to determine the schedule, the specific lens type that will best suit your individual needs, and which lenses that would best fit your eyes. This visit is the most important part of your contact lens experience for it is the foundation upon which all else is based. This initial "fitting" includes measurements of the eye and corneal curvature and the services listed below which are not part of a routine exam. **Thus, there is a separate charge for the contact lens fitting. This "fitting fee" includes:**

- Determining the best lenses based on your needs and fitting measurements
- Trial fitting of contacts to determine optimum fit
- Insertion & removal training, if needed, for you to ensure proper handling
- Lens care starter kit containing sample solutions and case
- All contact lens follow-up necessary for the first two (2) months of lens wear

Follow-Up Health Visits:

You will be asked to return regularly to ensure the health of your eyes. The physiological effect of the contact lens on the eye must be evaluated to determine if contact lens wear is safe for you. Most eye damage associated with contact lenses is silent – with no symptoms. Therefore, these visits are important even if you notice no difficulties. Remember, all necessary contact lens follow-up visits for two (2) months are included in your contact lens fitting fee. A contact lens evaluation fee (currently \$40) will be charged for any contact lens related visits after the initial two (2) months and at the yearly eye health exam if no changes in the contacts are needed.

The typical follow-up appointment needed for new contact lens patients is at **1-2 weeks** depending on the type of lens recommended. Some patients who are at higher risk for infection (those who sleep in their lenses) or in a more advanced lens (for astigmatism, monovision, bifocal lenses, etc.) may be required to return more often to make necessary adjustments to the contact lens power and/or fitting parameters. **NOTE: All ongoing contact lens patients will be required to return at least annually for a comprehensive eye health exam and contact lens evaluation if they wish to continue wearing contact lenses.**

Refund Policy:

If for any reason you decide (or the doctor requires you) to discontinue contact lenses within the initial sixty (60) days, you will receive a 100% material credit upon return of any unopened, unmarked, and resellable boxes of disposable contacts, or return of original yearly replacement lenses. **Professional fees for the exam and contact lens fitting are non-refundable.** I have read the information above, agree to abide by its terms, and give my consent to be fit in contact lenses (or for the minor for which I am the legal guardian of to be fit with contact lenses).

Signature: **X** _____ Date: _____

