

Contact Lens Agreement 2018

This document discloses the risk of harm, including but not limited to loss of vision, or blindness, which may occur with the improper use of contact lenses and contact lens solutions or drops. There are a number of reasons not to engage in contact lens wear. Contact lens wear should be avoided if any of the following conditions exist:

- Inflammation of the eye
- any eye condition that affects the cornea or conjunctiva
- excessively dry eye
- reduced sensitivity of the eye to touch or pain
- any systemic disease or condition which affects the eye or is exaggerated by wearing contact lenses
- eye irritation due to or made worse by wearing contact lenses, including contact lens solutions containing chemicals or preservatives to which you may be sensitive
- any medication which recommends discontinuing contact lens wear
- unwillingness of the patient to comply with the prescribed lens care, maintenance, and replacement

Improper use of contact lenses or continued use with a problem, such as those mentioned above, can lead to rapid and occasionally permanent loss of vision. Though rare, the likelihood of cornea ulceration and possible subsequent scarring of the eye, is greater with contact lens wear. The rate of corneal ulceration is greater with those individuals who sleep in their contacts than those who do not. There is a direct relationship between the length of time between lens removal and lens replacement to the risk of corneal ulceration and overall poor health of the cornea.

To help ensure the most pleasant and safe contact lens wear, precautions should be observed including:

- promptly remove the lenses should they become uncomfortable
- replace any lens that becomes dehydrated or damaged
- avoid contamination of the contacts with cosmetics, lotions, soaps, etc. by carefully washing your hands prior to handling the contact lenses
- avoid using hand soaps with conditioners as they may contaminate the lenses
- avoid wearing contacts in the presence of noxious or irritating vapors or fumes
- remove the contact lenses before swimming or getting into a hot tub. Eye infections are easily transmitted under such conditions
- some medications including those to treat colds, allergies, muscle relaxants, high blood pressure, motion sickness, and anxiety may cause blurred vision and dryness of the eyes. Additional lubricating drops, reduced contact lens wear time, or temporary discontinuation of lens wear may be necessary.
- Use of oral contraceptive may reduce contact lens tolerance
- DO NOT sleep in contact lenses unless explicitly prescribed to do so by Dr. Swift
- DO NOT share your contacts with anyone
- DO return for all necessary follow up care

Contact Lens Agreement 2018

The use of contact lenses is not for everyone. Because it is not always possible to determine in advance whether you will enjoy a successful response to the use of lenses, frequent exams may be necessary. Various personal, ocular, and environmental factors may necessitate a change in the recommended wear schedule, lens, or may even result in termination of lens wear.

Fees: There is a separate fee for contact lens materials and related services. The contact lens evaluation may or may not be covered by insurance. The contact lens evaluation fee includes the contact lens evaluation and fitting as well as two additional follow-up visits within 45 days of your comprehensive exam, if required. This evaluation is an additional service and therefore an additional fee to the comprehensive exam. Additional visits after the initial 45 days from the contact lens dispensing date will be subject to our usual and customary fee schedule, starting at \$75. These additional visits would NOT be covered by insurance. **No contact lens prescription can be released until payment has been received in full and Dr. Swift has completed all necessary follow-up visits.**

Patients with Insurance: This evaluation fee may be deducted from the contact lens allowance. In some cases, lenses may need to be purchased in order for insurance to cover the evaluation fee. For some insurances to file a claim without materials reduces the reimbursement from the insurance. The patient is then responsible for any remaining balance. If insurance benefits are used towards glasses the patient will be responsible for the evaluation fee and materials out of pocket.

Refund and Exchange: All contact lens orders must be paid for at the time the order is placed. Fees for the exam, evaluation, and services are NOT refundable. UNOPENED boxes of soft, CLEAR, spherical contact lenses may be refunded or exchanged within 45 days of the initial order date. No refund or exchanges can be given after the 45 day period per our distributor.

You have been fitted in _____
Wearing schedule: _____ Replacement schedule: _____
Your cleaning solution is _____

I understand that my cooperation and compliance are vital to my success as a wearer of contact lenses. I understand that contact lenses may have many health benefits but, as with any other medical device, they are not without risk. I accept personal responsibility for lens care and replacement. I have read and understand the above and I agree to adhere to the policies and clinical requirements of Today's Vision contact lens program.

Patient signature

date

guardian signature

date