

Contact Lens Agreement between Valley View Vision and _____

- You have been prescribed:_____. They can be worn _____ hours per day.
- If you have never worn contact lenses, start by wearing them 2-4 hours the first day and add 2 more hours every day after that until you get to the suggested amount.
- Your contact lenses should be thrown away every _____.
- Clean your contact lenses daily with the recommended regimen.
- After inserting your contact lenses, rinse your case and allow it to air dry. Use new solution daily. Do not reuse solution.
- Replace your contact lens case every time you replace your solution, about 2-4 months.
- If you have red, painful, or itchy eyes, discharge from your eyes, blurry vision, or any other problems that seem abnormal, you should remove your contact lenses immediately and call our office for an appointment.
- Unless you have been prescribed extended wear lenses, do not sleep in your contacts.
- If you have been prescribed extended wear contact lenses, be aware that you may still develop eye complications. Some patients are unable to sleep in any contact lenses despite FDA approval.
- All contact lens wearers are required to have a back up pair of glasses or be fully functional without lenses of any kind. This is because for daily lenses, the doctor recommends that you allow your eyes to breathe without your contact lenses at least 2 waking hours every day. Also, if you ever acquire an eye infection you will not be able to wear your contact lenses.
- Do not swim, bathe, or go into the sauna, hot tub, or steam room with your contact lenses.
- Unopened, undamaged, unexpired, and unmarked boxes of contact lenses purchased at our office can be exchanged for credit.
- Never try on someone else's contact lenses or let others wear your contact lenses.
- Never put your contact lenses in water or in your mouth.
- There is an additional fee above a comprehensive eye exam for a contact lens evaluation. The cost varies depending on the time and difficulty of the evaluation. Your insurance may or may not cover this fee. This fee covers specific measurements taken to ensure a proper fit, interpretation of these measurements, examination of the health of the cornea to determine if your eyes will be able to use contact lenses, examination of the contact lenses on your eyes, verification of a comfortable fit and clear vision, and follow-up visits for 60 days. Additional follow-up care will cost \$20 each visit.
- If you decide after a contact lens evaluation has been performed that you don't want to use contacts, you will not be refunded for the service that has already been rendered.
- Follow-up visits are to verify proper vision, fit, and comfort of the contact lenses. If it is determined at any of the follow-up visits that you have an eye condition that requires medical attention, you or your medical insurance will be billed accordingly.
- If you use disposable lenses, trial contact lenses will be given free of charge during the 60 day follow-up. After your final prescription is determined, you will be charged a shipping and handling fee for more trials.
- In the case of quarterly, semi-annual, or yearly lenses (including RGP's), you will be required to pay in full before the lenses are ordered. If the lenses do not work, you may return the undamaged lenses within 60 days for a partial refund.
- Contact lens prescriptions will be released only after a complete contact lens evaluation, which may include one or more follow-up visits.
- Because contact lenses are medical devices, they are to be used and prescribed under the direction of a doctor. As do all medical prescriptions, a contact lens prescription has a specific expiration date. After your contact lens prescription expires, you will need to have a comprehensive eye examination to evaluate the health of your eyes before purchasing more contact lenses, even if you feel your vision has not changed.
- If you fail to follow all of the directions above, you may put yourself at risk of serious and permanent damage to your eyes that may cause vision loss.

By signing below, I acknowledge that I am aware of and agree to comply with all of the statements above.

Patient (or parent/guardian if patient is under 18 years old)

Date