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Contact Lens Fitting and New Wearer Consent

By signing below you are consenting to be billed for one or more of the following services. In the event that the insurance you have provided to us does not cover the services you will be responsible for the full amount. The extent of the exam is at the doctor's discretion, with consideration to the number of follow-up appointments and trial contact lenses you will need to complete your fitting. The copay for your fitting is valid for 90 days. If you have not finalized your prescription within 90 days you are subject to an additional fitting fee. Any rebates for contact materials are subject to manufacturers discretion. We do not guarantee manufacturer rebates.

Level 1: \$60. Spherical or refit, minimal change in prescription. 1-2 trial types.

Level 2: \$75. Toric, moderate change in prescription. 2-3 trial types.

Level 3: \$100. Multifocal/monovision, significant change in prescription. 3+ trial types.

New wearer training: \$40 in addition to the one of the above fitting levels. Allows up to 2 training sessions for training in proper contact lens handling as well as insertion and removal training.

Signature

Date

When wearing contact lenses you assume responsibility for the proper care and use of the prescribed product. Incorrect handling or use is not a liability of the practice. By signing below you acknowledge that you are responsible for taking the health precautions and warnings as dictated by your doctor:

- Always wash hands before handling your contacts.
- No sleeping, swimming, or showering with your contact lenses.
- Only use the doctor's recommended solution to rinse your contact lenses. Do NOT use tap water or your saliva.
- Make sure the lenses are covered completely by the solution when storing them.
- Never rinse your case out with water, leave it upside down to dry during the day. Replace every 3-6 months.
- Immediately dispose of ripped or torn lenses.
- Discontinue use if your eye is red, irritated, itchy, or has discharge.

Contact our office if you believe something is wrong. In the event of an emergency outside of business hours use emergency services.

Signature

Date