

## CONTACT LENS AGREEMENT

**Congratulations** on your decision to wear contact lenses or to continue wearing contact lenses! They are a safe and effective alternative to vision correction and work extremely well for most patients. We are proud of our success in prescribing all types of contact lenses for our patients' various visual needs.

The FDA classifies contact lenses as medical devices and as such, requires proper prescribing, handling, instruction and follow-up care. Patients are often unaware of the additional testing and expertise involved in prescribing contact lenses, so we are providing this information for your benefit.

### Contact Lens Related Testing

This involves several components, including:

- Visual testing with your current contact lenses (if appropriate)
- Measurement of the curvature of your eye using a computerized keratometer
- Measurement of your corneal contour using a computerized corneal topographer
- Evaluating diagnostic lenses to determine the proper fit and prescription of the contact lenses you will wear
  - For Gas Permeable contact lens wearers, this will involve an appointment with our certified contact lens fitting technician to determine the correct parameters and whether a specialty lens is necessary prior to ordering
- Examining your contact lenses on the eye to ensure proper fit
- Contact lens testing is performed **annually** in addition to your yearly eye exam and refraction (if needed). We request payment at the time of service for this testing. Our fee for this additional testing ranges from \$75 to \$150\*\*\* depending upon the complexity of your contact lens fitting. Most patients are successfully fit within six months; however, should your fit require more than six months of visits, there will be an additional fitting fee. This will be discussed with your doctor at that time.

\*\*\*Fitting fees and quotes in this agreement pertain to typical contact lenses only. Specialty lenses, such as those for the treatment of keratoconus, involve considerably higher fees and will be discussed in depth with each patient individually\*\*\*

### Contact Lens Instruction

At this appointment, we will teach you proper contact lens handling, insertion, removal, cleaning and advise you which solutions to use with your lenses. A wearing schedule will be provided as well at this visit. The fee for the Contact Lens Instruction is \$100. This is a one-time fee for new contact lens wearers or if changing from soft to hard contacts or visa versa.

### Follow-up Appointments

These appointments allow us to ensure that your lenses provide the best possible vision, comfort and eye health. The number of appointments needed depends upon your contact lens experience and the complexity of your prescription and lens design. The Contact Lens Related Testing Fee covers 6 months of follow-up. After this period, you will be charged another Testing Fee due to the complexity. This will be discussed with your doctor at that time.

### Ordering Contact Lenses

It is our pleasure to order contact lenses for you at any time as long as your contact lens prescription is valid. Please call our office at 610-372-2222 ext. 32, leave your name (with spelling) and telephone number and our contact lens technician will return your call. Payment is required prior to placing the order (this includes Gas Permeable Lenses). You may pick them up at our office or pay the shipping fee to have them sent directly to your home.

We are in the process of developing our Patient Portal. Once that has been fully activated, patients will have access to online ordering for all their lenses, be able to pay by credit card and have them shipped directly to them. Our goal is to make this process as easy as possible for all of our patients.

#### Returning Contact Lenses

We are unable to return any lenses beyond 60 days as the warranty at that time has expired. We are also unable to return any contact lenses if the boxes have been opened, tampered with or have writing on them.

#### Patient Agreement

Your cooperation and compliance with recommended follow-up visits and contact lens care are vital to your success with contact lens wear and the safety of your eyes. By signing below you agree that you have read and fully understand the above policies. You will follow recommended care instructions for your contact lenses and understand the importance of periodic follow-up visits. You agree to keep recommended follow-up appointments within a 6-month period.

\_\_\_\_\_  
Printed name of Patient

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature if patient is minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Staff Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Member printed name and position