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Contact Lens Patient Information

Contact lenses, including replacement lenses, require fitting under professional supervision as well as annual follow-up visits to be certain that the contact lenses are in good condition, continue to fit well and that the eyes are not developing any complications from contact lens wear.

All current and previous wearers will pay a professional fee in addition to their complete exam each year. New wearers will pay a professional fee ranging from \$175 - \$300, in addition to the complete examination fee, which covers fitting, training, trial lenses and necessary follow-up visits. Patients with more complicated prescriptions or needs such as corrections for astigmatism, bifocal, or medically necessary contact lenses will be charged the higher professional fee. If you have vision plan benefits for contact lenses you may be able to use part of your allowance toward the fitting fee or annual contact lens check fee, depending on your vision plan rules. Our optical staff will be happy to explain your plan benefits.

Patients with VSP will receive a discount of 15% on professional fitting fees, in compliance with VSP rules. If your plan sets a limit on professional fees, we will apply their rules.

A patient who goes through contact lens training will be charged a minimum of \$50 even if he/she is not successful in being able to use contact lenses. Training requires staff supervision and takes the staff person away from performing other duties.

The annual contact lens progress evaluation for current lens wearers ranges from \$75-\$105 and includes special testing to measure the shape and contour of the cornea and monitor for changes over time with a computerized corneal topography instrument. This will be charged to all patients as part of their continued care. The doctors do expect to perform a contact lens progress evaluation yearly to assess the lenses, vision and health of the eyes before they release a contact lens prescription.

Patient's Signature (or responsible adult, for minor) Printed Patient's Name

Date: _____ Professional fee: \$ _____ (before any discount, if applicable)

Contact lens materials fee: _____ per box of _____ lenses (or per lens)

If you wear different lens designs: \$ _____ R per box of _____ lenses; \$ _____ L per box of _____ lenses

Replacement schedule recommended by the manufacturer: daily / 1 week / 2 week / monthly / other

For soft disposable contact lenses, total # boxes per year supply: _____ R _____ L

We provide a discount of 10% when ordering a year's supply of soft disposable or planned replacement lenses at one time.

***PLEASE NOTE:** A contact lens prescription is valid for **ONE YEAR** from the date it is authorized*

I acknowledge receipt of my contact lens Rx _____ Signature _____

I acknowledge that I will receive my contact lens Rx electronically (portal, text or email) _____