

Contact Lens Fitting Agreement

Fitting you with contact lenses places a joint responsibility on both of us, therefore, you must understand what our contact lens fitting program includes. Please read this over carefully, and if you have any questions, feel free to discuss them with us.

Our contact lens patients receive the following materials and services:

1. Examination of ocular health.
2. Vision Analysis and spectacle prescription.
3. Examination for contact lenses.
4. Dispensing of contact lenses, patient care kit, and instructional materials; education and instruction in handling, care and maintenance of your contact lenses.
5. Evaluation of lens fit with the lenses on the eye.
6. Progress evaluation and follow-up care as needed during the fitting period.

Since there are many variables to contact lens fitting, there is no guarantee that you will become a successful contact lens wearer. However, we will use state of the art fitting techniques and the most advanced contact lenses available.

All contact lens packages include progress evaluations at one (1) week and one (1) month following the initial examination. These visits must be made within a reasonable time frame as noted above and are not redeemable as office visits after 2 months following the initial examination.

A minimum 50% deposit is required to order any lenses (trial, fitting or final lenses). We will gladly hold your order for up to 30 days until the 50% deposit is met. When you leave the office with any contact lenses (trial, fitting, or final lenses) all contact lens fee must be paid in full. There are no exceptions to this policy. **During the fitting period, lost or damaged lenses will be replaced at a cost to be determined.**

Please note, as stated in the NJ Optometry Regulations 13:38-6.1 (b), “A contact lens prescription is not complete unless and until a patient has been fitted for the contact lenses being prescribed and the fit has been fully evaluated over at least on follow-up visit and determined to be satisfactory.”

Continued on Back

Patient Responsibility

I understand that my cooperation is vital to my success with contact lenses. I have been instructed in the proper methods of lens care and handling. I understand the importance of adhering to proper lens care procedures and need for periodic follow-up examinations. I agree to follow the doctor's advice for wear as indicated on this form and in my record. I will notify the doctor immediately if any eye or vision problem occurs. If I am unable to reach the doctor I will call an eye doctor or the nearest hospital immediately.

I understand that contact lenses have many benefits, but as with any other drug or device, they are not without possible risks. A small percentage of wearers develop serious complications including corneal ulcers which can lead to permanent eye damage and vision loss. I agree to follow the advice and instructions given to me by the doctor. I will remove my lenses and seek care immediately if I experience any unexplained eye pain, redness, or vision change.

I have been told the nature, purpose and benefits of contact lenses. I have also been told the possible risks, consequences, and side effects of contact lenses. I know there are feasible alternatives, including spectacle. I understand my chances of success with contact lenses. I will be able to ask any questions I have about the doctor's policies and contact lenses prior to the ordering of lenses.