



Douglas Family Eyecare, Inc.

## **Contact Lens Patient Agreement**

A contact lens is a “medical device” that comes into contact with the tissues in your eye; therefore, it must fit properly and be managed by an eye doctor in order to maintain the health of your eyes.

A comprehensive eye examination must be completed prior to the fitting and re-evaluation of the contact lenses. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use.

### **Contact Lens Fitting Fees**

Fitting fees vary depending on the prescription and design of lens required for clear, comfortable vision. Fees start at \$90 for new wearers and \$60 for previous wearers. It is best to ask our staff the cost of your fitting fee since the fee is dependent upon your prescription and the type of lenses that you would be best suited for. The following is what is covered with the contact lens fitting and re-evaluation:

- Additional measurements taken of corneal curvature in order to choose the best lens diameter and thickness.
- Professional examination focusing mainly on eye health related to contact lens wear.
- Trial contacts same day if available (may need to be ordered for complex fits).
- Professional insertion and removal training for new wearers.

Fitting fees **must be paid** the same day as the fitting. Contact lens prescriptions expire one year from the date of the fitting. This is in accordance with Ohio Contact Lens Prescribing Laws; Ohio Revised Code 4725.28. Follow up appointments must be kept in order to finalize the fit. These appointments vary based upon individual needs.

**Contact lens prescriptions cannot be renewed without an annual exam. Contact lens exams have a separate charge that is NOT included in your vision/medical exam.**

### **Refunds**

Only **unopened boxes** of contact lenses can be returned within 30 days of purchase. There is no refund of the examination or contact lens fitting/re-evaluation fee.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_