

Contact Lens Fitting and Evaluation

Patient Name: _____ **Date of Birth:** ____/____/____

- I am a current contact lens wearer and wish to update my prescription today
- I am a previous contact lens wearer and wish to be re-evaluated today
- I would like to try contact lenses for the first time today

The purpose of the contact lens fitting and evaluation is to assure that any prescribed contact lenses fit the eye properly and provide good vision. Contact lenses must be evaluated every year to assess current lenses for any problems that may have arisen over time and in order to make appropriate changes. **This is a separate fee from your routine eye exam.**

The Contact fitting and evaluation includes any needed trials, training, and follow-up visits needed to finalize your contact lens prescription. It does not include any medical visits for red eyes. These would be filed under your medical insurance. In order to avoid additional follow-up fees, please make sure that you follow the doctor's recommended return schedule. **In the event that you neglect to return for your contact lens follow-up within 90 days from the date of your exam, there will be an additional charge for a new fit and refraction.**

It is our goal that your final contact lens prescription is the best contact lens and prescription for your eyes and for your visual needs.

Lvl 1 \$30- Returning Pt. Eval

Lvl 2 \$40- New Pt. Spherical Eval

Lvl 3 \$60 -New Pt. Toric Eval

Lvl 4 \$100 - New Pt. Multifocal/Monovision/Specialty CL Eval

For Office Use Only:

Eye Exam \$ _____

Level 1 2 3 4 5 Contact Lens fit/Evaluation \$ _____

*Contact Lenses \$ _____/Box \$ _____/Year Supply

*This may change if it becomes necessary to change your lenses

*I have read and understood the "**Contact Lens Fitting and Evaluation**" & "**The Basics to Contact Lens Care**" Forms.

Patient Signature: _____ **Date:** _____

(A copy of this form is available upon your request)

Contact Lens Prescription Signed Acknowledgment Form

Included below is important information to review prior to receiving your contact lens prescription.

The Centers for Disease Control and Prevention (CDC) makes clear, “Contact lenses can provide many benefits, but they are not risk-free—especially if contact lens wearers don’t practice healthy habits and take care of their contact lenses and supplies. If patients seek care quickly, most complications can be easily treated by an eye doctor. However, more serious infections can cause pain and even permanent vision loss, depending on the cause and how long the patient waits to seek treatment.”

The CDC recommends the following for contact lens wearers:

- ✓ Schedule a visit with your eye doctor at least once a year.

- ✓ Take out your contacts and call your eye doctor if you have eye pain, discomfort, redness, or blurry vision.

- ✓ Understand that eye infections that go untreated can lead to eye damage or even blindness.²

The Food and Drug Administration (FDA) indicates:

- ✓ “To be sure that your eyes remain healthy you should not order lenses with a prescription that has expired or stock up on lenses right before the prescription is about to expire. It’s safer to be re-checked by your eye care professional.”³

Symptoms of Eye Infection include:

- Irritated, red eyes

- Worsening pain in or around the eyes—even after contact lens removal

- Light sensitivity

- Sudden blurry vision

- Unusually watery eyes or discharge⁴

Sign below to acknowledge that you were provided with a copy of your contact lens prescription at the completion of your contact lens fitting.

Patient

Signature: _____

Date: _____

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² <https://www.cdc.gov/contactlenses/pdf/Eyewise-doctor-8x11.pdf>

³ <https://www.fda.gov/medical-devices/contact-lenses/buying-contact-lenses>

⁴ <https://www.cdc.gov/contactlenses/germs-infections.html>