

BETTER VISION

FAMILY EYE CARE

Informed Consent for Contact Lenses

The purpose of this informed consent form is:

- to choose to wear contact lenses and to accept the risks of complications
- to satisfy yourself that you fully understand possible complications and their consequences
- to ensure that you have obtained satisfactory answers to any questions relating to this agreement or any details of what contact lens wear involves
- to follow all instructions provided by the practitioner including all follow-up visits scheduled by your optometrist

Possible Complications of improper contact lens care:

- discomfort and/or pain
- temporary or permanent loss of vision
- swelling or inflammation of the cornea
- small blood vessels growing into the cornea
- formation of small bumps under the eyelids
- accumulation of debris or mucus on or behind the lens, which may reduce vision and/or comfort with the lens
- internal inflammation of the eye
- abrasions of the front surface of the eye
- infection with potentially harmful microorganisms (microbial keratitis)

Alternate Vision Correction:

- Spectacle lenses –sunglasses, clear, or multifocal lenses. Spectacle wear eliminates the risk factors associated with contact lenses.
- Daily disposable lenses – Available in a wide range of corrective powers including astigmatic prescriptions. Offers the convenience of easy use, and is much safer than sleeping in contact lenses and multi-day replacement contact lenses.
- Refractive surgery – Though not all patients will be good candidates, for many, refractive surgery is a viable option for establishing good distance vision without contact lenses. Refractive surgery carries its own risks.

I certify that I have read the preceding information and understood the contents. Basic procedures of lens care, alternative vision correction, cleaning and disinfection methods, and the advantages and disadvantages of extended wear have been explained to me by my optometrist. My optometrist has also answered any questions I have concerning the consent form. Although it is impossible for my optometrist to inform me of every possible complication, my questions have been answered to my satisfaction. I fully understand the risks, complications and benefits that may be derived from contact lens wear. Should any complications or emergencies occur, I agree to contact my optometrist immediately at the contact numbers provided. I also agree to wear the lenses in such a way as is prescribed and am willing to follow the advice of my optometrist and the information that has been provided to me. My decision to wear contact lenses has been voluntarily and freely made.

Patient Name _____

Patient/Legal Guardian Signature _____ Date: _____

Contact Lens Examination Policy

- An annual comprehensive eye examination is required prior to a contact lens fitting. A copy or summary of medical records is required when an external eye care provider performs this exam.
- A contact lens fitting fee includes a contact lens exam, diagnostic fitting, contact lens education, and all related contact lens follow-up care for up to 90 days after the initial fitting. Failure to complete the fitting process within 90 days may result in additional fees prior to the release of a contact lens prescription. **Office visits for red eyes or other eye emergencies are not included** in the routine contact lens follow-up care.
- Follow-up appointments may be necessary to assure:
 - The contact lens is comfortable.
 - The contact lens is providing the best possible vision.
 - The contact lens is not negatively impacting the health of your eye.
 - Proper application and removal, contact lens hygiene, and adherence to the prescribed wearing schedule.
 - Your doctor will discuss if a contact lens follow-up is required to complete your fitting.
- Additional fees may be incurred if a change in lens type is required or requested.
- A written contact lens prescription will be provided upon the completion of the fitting process, which may include multiple visits. **Note:** Your contact lens prescription is available to you in your patient portal once it is finalized (please speak to staff for your patient portal login information).
- Professional fees do not include the cost of lens materials.
- Professional fees are non-refundable.

Contact Lens Materials Policy

- Fees for professional services must be paid prior to the ordering of lenses.
- All lens orders require payment in full at the time of ordering.
- Contact lenses will be held for a **maximum of 60 days** from the original order date. It is the patient's responsibility to notify Better Vision Family Eye Care if there is a change in the patient's phone number or address.
- For **specialty lenses**, changes in lens parameters cannot be made beyond the warranty period without additional charges. It is essential that patients return for lens dispensing shortly after notification of lens arrival and for subsequent follow-up visits as recommended by their doctor.
- Payment for **specialty**, corneal gas permeable, hybrid, and scleral lenses that are returned in good condition **within 60 days** from the initial order date may be refunded, minus a 40% restocking fee.
- Specialty lenses damaged **within 90 days** of the initial order will be replaced at 50% of the usual and customary fee.
- There is no warranty for lost lenses.

Patient Name: _____

Patient/Guardian Signature: _____

Date: _____