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## CONTACT LENS POLICY AND CONSENT FORM

## TROUBLE FREE USE OF CONTACT LENSES IS CONTINGENT ON MANY FACTORS AND NOT ALL PATIENTS WILL BE SUCCESSFUL WEARERS

It is impossible to determine, in advance, whether or not a patient will have a successful response to contact lens wear. Certain personal, physiologic or environmental factors may adversely affect wearing time or necessitate discontinuation of wear.

In addition to the comprehensive eye exam, a successful fitting process includes:

- · Initial determination of lens type and parameters
- · Diagnostic lens fitting
- · Tentative prognosis, dispensing and evaluation of initial lenses
- · Follow-up care and any changes to contact lenses for up to thirty (30) days

As with any drug or medical device, the use of contact lenses is not without potential risk. Although rare, contact lens wearers are at risk for non-sight threatening problems, and permanent, sight-threatening complications. These risks are significantly higher in patients electing to wear lenses on a continuous, overnight or extended basis, for those who do not use the disinfecting systems as prescribed and for those who are non-compliant with their prescribed replacement schedule.

Always remove your lenses immediately if you experience any of the following, unexplained conditions:

· Eye Pain or Redness

- · Any unusual discomfort or sensation in the eye
- · Watering or discharge from the eye
- · Decreased vision

· Sensitivity to light

If the problem does not resolve right away, make arrangements to be seen by our office, or another eye specialist, immediately. YOU SHOUD CONSIDER ANY UNUSUAL SYMPTOMS ASSOCIATED WITH EXTENDED OR OVERNIGHT WEAR TO BE AN EMERGENCY!

FEE POLICY: Your contact lens fees cover the diagnostic fit and evaluation, lens design, 1 trial pair, new wearer insertion and removal training course and all related follow-up care for thirty (30) days. Subsequent visits are subject to regular office visit charges. A patient may discontinue contact lens wear at anytime and for any reason, however PROFESSIONAL FEES ARE NONREFUNDABLE!

There are refit fees associated with changing the brand or type of contact lens that you are wearing. Please be aware of this as you are discussing options with the doctor. These refit fees may include follow-up visits. Fees are based on the complexity of the fitting.

If you are provided with trial contact lenses, it is assumed the commitment will be made to pick-up, wear, and trial the lenses in a timely fashion. Issues presented more than 30 days after an exam may result in an additional refit fee. Any special circumstances requiring deviation from this policy is solely at the discretion of the doctor.

ACKNOWLEDGEMENT:	I acknowledge I have read, understand, and a	agree to Element Eye Care's Contact Lens	s Policies.
Patient Name:	Signature:	Date:	