

## FOR CONTACT LENS WEARER ONLY

If you are interested in trying contact lenses, please state the reason for wanting to wear contact lenses.

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Would you like to wear the contact lenses?

\_\_\_\_\_ every day      \_\_\_\_\_ for recreational purpose      \_\_\_\_\_ for social occasion

\_\_\_\_\_ other, please explain \_\_\_\_\_

If you currently wear contact lenses,      *SOFT* OR *RIGID*

What brand & type? \_\_\_\_\_

Average Wearing Time (*HRS / DAY*) \_\_\_\_\_

Are interested in daily disposable (or replacement) lenses?      YES / NO

How often do you sleep in your contact lenses?      \_\_\_\_\_ NEVER      \_\_\_\_\_ SOMETIMES      \_\_\_\_\_ Consecutive  
Days

How would you rate your contact lens comfort level?

\_\_\_\_\_ Excellent      \_\_\_\_\_ Good      \_\_\_\_\_ Fair      \_\_\_\_\_ Poor

How often do you replace them?      \_\_\_\_\_ Daily      \_\_\_\_\_ Weekly      \_\_\_\_\_ Every 2 wks      \_\_\_\_\_ Monthly

What type of solution do you use?

\_\_\_\_\_ Bio True      \_\_\_\_\_ Clear Care      \_\_\_\_\_ Complete      \_\_\_\_\_ Opti-Free      \_\_\_\_\_ Generic

Each night, do you rub your lenses before soaking them?      YES / NO

## CONTACT LENS AGREEMENT

By initialing the information below, I acknowledge that I have reviewed, understand, agree and give consent to the following:

1. I understand, there is **contact lens exam co-pay** in addition to the annual exam co-pay each year regardless of
  - a. **Whether I am a new or current wearer.**
  - b. **Whether my contact lens prescription change or not.**

Initial \_\_\_\_\_
  
2. I understand, there is **different fitting fee level** based on the **complexity of my prescription**.
  - a. The **fee ranges from \$73 - \$130** (before **insurance discount & benefit** are applied).
  - b. Contact lens fitting fee includes 3 follow-up visits (if necessary within 3 months).

Initial \_\_\_\_\_
  
3. I understand it is my responsibility to reschedule any follow up visits I miss **within 3 months of my initial visit**.
  - a. There is a **\$40 fee** for any follow-up visit beyond 3 months of the initial visit.
  - b. **\$40 fee** is **NOT APPLICABLE** if sample contact lens order takes 4 weeks to arrive or is back order.
  - c. However, **\$40 fee** will apply if patient takes **over 1 month to return for follow-up visit** after being notified of the sample lenses arrival.

Initial \_\_\_\_\_
  
4. I understand, there is a **\$30 FEE** for insertion & removal training for **new contact lens wearer**.

Initial \_\_\_\_\_
  
5. I understand the **contact lens training & fitting fee are NON-REFUNDABLE**.

Initial \_\_\_\_\_
  
6. I understand **opened boxes of lenses** or **custom contact lenses** or **colored contact lenses** are **NON-REFUNDABLE**.

Initial \_\_\_\_\_

Patient Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of parent or legal guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if patient is under 18 years old)