



## GUARANTEED CONTACT LENS SUCCESS PROGRAM

At Midtown Optometry, we make it even easier to try contacts with the freedom of our contact lens trial program. We carry all the latest in contact lens technology and specialize in the hard-to-fit patient. And, if you're not completely successful with your contacts within 3 months, we'll refund the cost of your lenses. We are dedicated to you having a completely healthy and enjoyable contact lens experience.

\$ \_\_\_\_\_ **COMPLIMENTARY 1-DAY TRIAL**

- Lenses are inserted and removed by the Contact Lens Technician the day of the exam.

\$ \_\_\_\_\_ **COMPREHENSIVE EYE HEALTH EXAMINATION with OPTOMAP ANNUAL RETINAL SCAN**

- Recommended by Dr. Lee, this comprehensive eye health and vision exam utilizes the Optomap Retinal Evaluation. The Optomap evaluates all ocular and systemic conditions noted below, WITHOUT dilation drops, and has the added benefit of creating a permanent record for your medical file. Results can be reviewed with you immediately.

\$ \_\_\_\_\_ **COMPREHENSIVE EYE HEALTH EXAMINATION with Dilation.**

- Necessary regardless of need for contacts or glasses.
- Dilated examination for thorough evaluation and prevention of glaucoma, cataracts, diabetic retinopathy, macular degeneration, as well as, other systemic diseases with symptoms that manifest in the retina (high blood pressure, diabetes, muscular sclerosis, elevated cholesterol).
- Preliminary testing of other factors that may affect contact lens candidacy such as health of lids, lashes, and cornea.

\$ \_\_\_\_\_ **CORNEAL EVALUATION AND TEAR FILM ANALYSIS**

- These medical services are specific to contact lens wear. Dr. Lee utilizes information from the slit lamp evaluation to determine the corneal curvature for each eye, as well as, the depth and quality of the tear film. From this information and the information you have provided regarding your needs, Dr. Lee will recommend a specific contact lens material and wearing schedule for the most comfortable, functional, and healthy custom lens fit.

\$ \_\_\_\_\_ **FOLLOW-UP SERVICES**

- Dr. Lee performs several scheduled health checks over the course of the year (for first time contact lens wearers) to be certain that the lenses are not adversely affecting the eye health. This is critical since contacts are a medical device placed directly on the surface of the eye. Even though the vision may be fine, the lens may be affecting overall eye health. These periodic checks help prevent infections and other health issues, as well as, make certain that the patient is comfortable and seeing their best.
- This fee covers the initial scheduled evaluations by the doctor as well as any additional contact lens related follow-up visits the patient may request over the course of one year. This means that we encourage patients to have the lenses checked if they feel there is a problem developing (at no additional charge!).
- The training of insertion and removal, disinfection, cleaning, storage, and handling techniques of your contact lenses, as well as, initial solution and storage materials are included.

\$ \_\_\_\_\_ **MATERIALS**

- This is the cost for a one year supply or a pair of the lens type prescribed by your doctor. Lenses will be dispensed after all charges are paid in full.

\$ \_\_\_\_\_ **TOTAL FEE FOR EXAM AND CUSTOM CONTACT LENS SUCCESS PROGRAM**

\$ \_\_\_\_\_ **TOTAL AMOUNT TO BE REFUNDED, IF NOT SATISFIED WITHIN 3 MONTHS.**

- This is our guarantee to you that you will like your contact lens experience or we will buy them back!**

# Contact Lens Informed Consent & Compliance Agreement

## Risks of Contact Lens Wear

The use of contact lenses is not without risk. A small, but significant, percentage of individuals wearing contact lenses develop potentially serious complications which can lead to permanent eye damage and vision loss. Specifically, extended wear contact lenses pose the risk of complication 5 to 15 times greater than that of daily wear. Presbyopic contact lens corrections (monovision or bifocal contact lenses) can create vision compromises that may reduce visual acuity and depth perception for distance and near tasks. For extended wear patients, extra care is necessary to help prevent eye-health complications and for presbyopic patients, supplemental or alternative vision correction during hazardous activities is advised.

## Contact Lens Disinfection, Wearing and Replacement Schedule, and Follow-up:

The solutions prescribed are specific for your eyes and lenses. Since solution contents vary significantly from one manufacturer to another and cross-reactions are possible between different brands, do not change or substitute solutions unless you check with your doctor first. Use of improper products may result in lens damage or eye irritation.

**Recommended Lens Disinfection System:** \_\_\_\_\_.

**Wearing Schedule:** Day 1 \_\_\_\_\_, Add \_\_\_\_\_ hours per day as long as your eyes "LOOK GOOD, FEEL GOOD AND SEE GOOD" throughout the day.

**Lens Replacement:** Every \_\_\_\_\_ days / weeks / months.

**Next Follow-up Appointment:** \_\_\_\_\_ days / weeks/ months.

## In the beginning, it is NORMAL, if:

- ◆ Your eyes itch or feel funny
- ◆ You are more aware of one lens
- ◆ You have better vision in one eye
- ◆ Your vision seems fuzzier than with your glasses
- ◆ You have trouble handling your lenses

## Remove your lenses IMMEDIATELY, if you:

- ◆ Develop unusual pain
- ◆ Have unusually foggy or blurred vision that does not clear
- ◆ Experience stinging or redness
- ◆ Have any discharge or unusual light sensitivity

## When in doubt, take them out and call our office, or go to your local emergency hospital.

## Compliance Agreement

Dr. Lee at Midtown Optometry reserves the right to terminate the agreement upon non-compliance of prescribed wearing times or follow-up visits. **This Contact Lens Guaranteed Success Program expires on \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.** I understand that if I am not satisfied with my contact lenses, I must return them on or before this date to receive a refund.

A written copy of your contact lens prescription will be provided to you upon completion of the contact lens medical management services.

By signing below, I acknowledge that I have read, understand, and have received a copy of this agreement. I am aware of the potential risks, side effects and adverse reactions due to contact lens wear. I agree to wear my contacts no longer than prescribed by the doctor, agree to properly care for my contact lenses as instructed and agree to return for recommended follow-up visits. I understand the current fee and refund policies of this Guaranteed Contact Len Success Program and my responsibilities as a contact lens wearer. I have also had the opportunity to ask my practitioner questions and have received acceptable answers.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient's Name

\_\_\_\_\_  
Patient's Signature (guardian, if a minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

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