

Contact Lens Agreement

Only sign/fill out if you are plan to be fit, or are interested in being fit in contact lenses

Patient Name:	
Date:	

I understand that I must have a <u>comprehensive eye exam with refraction</u> before contact lenses can be fit. If I have had a comprehensive exam by an eye doctor within the last 12 months at a different office, the record of the exam must be released to Lakeview Eye Care. The exam and refraction may only be waived if these records are received prior to starting the contact lens fitting.

All "New Contact Lens Wearer" examinations will include training on how to properly wear and care for contact lenses. All "Current Contact Lens Wearer" examinations will include analysis of the health of the ocular surface related to contact lens wear. Changes to previous prescriptions may be necessary based off the doctor's findings. The fees for a contact lens fitting and evaluation are as follows:

	New Contact Lens Wearer	Current Contact Lens Wearer
Single vision (most patients <40 years old)	\$105	\$75
Presbyopic (most patients over 40 years old)	\$125	\$100
Corneal Gas Perm	\$250	\$175
Scleral Contact Lenses	\$350 per eye	\$250 per eye

The contact lenses management fees include all contact lens related follow ups and diagnostic contact lenses deemed necessary by the doctor within 90 days of the initial evaluation. After the initial follow up period, all services will be charged as the usual fees.

I understand the fitting fee and evaluation fees are for professional services and do not include the cost of the contact lenses. The contact lens supply will be billed separately. Contact lens prescriptions will only be released after the fit is determined to be finalized by the doctor (this may require a follow up visit) and all fees are paid. You may receive your copy of the prescription via paper or email.

I agree to the terms and fees e	xplained in this agreement and allow for electronic	release of my prescription.
Name:	_Signed:	Date: