



Eye Physicians & SURGEONS

CONTACT LENS SERVICES

Contact lens patients require additional testing and monitoring over and above what is done during a routine eye exam. Contact lenses are medical devices and even though they may feel fine, they must be evaluated on at least a yearly basis in order to write out a new prescription.

As with any drug or device, the use of contact lenses is not without risk. A small, but significant percentage of individuals wearing contact lenses could develop potentially serious complications that can lead to permanent eye damage. **If you have any unexplained eye pain or redness, watering of the eye or discharge, cloudy or foggy vision, recent onset decrease in vision, or increased to light, IMMEDIATELY REMOVE YOUR CONTACT LENSES AND MAKE ARRANGEMENTS TO SEE YOUR EYE CARE PROFESSIONAL BEFORE WEARING YOUR CONTACT LENSES AGAIN.** Contact lenses should never be worn during sleeping hours due to increased risk for infection and ulcers with overnight wear. Also, contact lenses should never be worn when your are in or around any fresh or salt water, including showers, hot tubs, swimming pools or the beach (serious eye infections and/or loss of vision could occur). Also do not wear contact lenses while sick or while flying.

It is of utmost importance that you return to you prescribing doctor for ALL FOLLOW-UP CARE. A one-week follow up is **required** to finalize the contact lens prescription, and a contact lens prescription once finalized is valid for one year after the exam date. The contact lens examination fee includes the fitting/re-evaluation and up to two routine follow-ups at no charge during the first six weeks after examination.

USUAL FEES

	PATIENTS ALREADY WEARING CONTACTS	NEW CONTACT LENS WEARERS (INCLUDES TRAINING)
Single Vision	\$150.00	\$200.00
Astigmatic	\$170.00	\$220.00
Multifocals	\$200.00	\$250.00

(Pricing is subjected to change)

Medical insurance plans and some vision plans do not cover the cost of a contact lens evaluation. **Vision plan patients often get a discounted rate off the usual fees or will pay a specified copay for the contact lens exam.** The fee will vary depending on the type of contact lens you wear and the complexity involved in prescribing your lenses. **The fee does not include the cost of contact lens materials.**

Medically Necessary Contact Lens Fits for conditions such as keratoconus, corneal scars, or post transplant surgery, range from \$350 - \$750 and may qualify for full or partial insurance coverage.

PATIENT AUTHORIZATION

I understand these procedures and agree to pay the above mentioned fees at the time services are rendered.

Patient Name: _____

Patient Signature: _____ Date: _____