

FOLLOW UP CARE AGREEMENT FOR CONTACT LENSES



eyecarecenter
A MEMBER OF VISION SOURCE™

Contact lenses require additional care. You must adhere to the recommended lens care procedures, and you must return for periodic progress evaluations. If the first follow up is after 30 days from receiving your lenses, there is a charge for the visit. **MAKE SURE YOUR FIRST VISIT IS WITHIN THE 30-DAY PERIOD.** Some types of contact lenses require more follow up visits, which vary with each patient. **CONTACTS MUST BE WORN INTO THE OFFICE.**

It is impossible to determine in advance whether you will become a successful user of contact lenses. Some personal, environmental, and physiological factors may adversely affect the success of contact lenses and may necessitate a change in the recommended wearing schedule or termination of lens wear. Your cooperation is vital to your success with contacts.

You understand that contact lenses have many benefits, but as with any other drug or device, they are not without possible risk. A small percentage of wearers can quickly develop serious complications including corneal ulcers, which can lead to permanent eye damage and vision loss. **This risk is greater for extended wear.** By signing this form, you agree to follow the instructions and advice given to you by this clinic. You will remove your lenses and seek care IMMEDIATELY if you experience any unexplained eye pain, redness, or visual change.

Your contact lenses are prescription devices with a limited useful life span. Proper care is necessary for successful wear and good eye health. The contact solution your doctor recommends using **ALCON OPTIFREE Tear Moist Multi-purpose disinfecting solution.** Any deviation from this recommendation can result in a need to reduce your wearing time or replace the lenses because of irritation or reduced vision. **It is important to not sleep or swim in your lenses.**

Lenses are under a 30-day warranty against manufacturer's defects. Disposable lenses are not returnable. Charges for the evaluation, fitting services, special fees, and solutions are nonrefundable. After the 30-day grace period, any changes in power or fit are at the patient's expense.

After wearing gas permeable contact lenses, there may be a change in vision and/or change in prescription due to a change in the cornea. This may necessitate a change in contact lenses.

Contact lenses are a service, a product, and a continual commitment between doctor and patient. Any prescription not filled by Eye Care Center releases Eye Care Center or the optometrists at Eye Care Center from liability. Contact lens prescriptions expire after one year from the original exam.

I understand the importance of periodic follow-up examinations and agree to keep scheduled appointments and follow the doctor's advice for continued safe wear. Failing to comply with the directives herein shall release Eye Care Center and its doctors from liability. If at any time questions arise concerning my lenses or my ocular health, I will call Eye Care Center promptly for corrective action.

Patient's signature (parent's signature if minor)

Print Name

Date

***THERE IS A CHARGE FOR FOLLOW-UP VISITS AFTER 30 DAYS.
PLEASE MAKE SURE YOU RETURN WITHIN THE MONTH FOR YOUR VISIT.***

Eye Care Center

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