



NOTICE FOR CONTACT LENS PATIENTS

Your eye health exam includes a prescription for **GLASSES**, if needed. If you have vision insurance, the “exam” that is covered is the eye health exam. It does not include the fees associated with the evaluation and management of contact lenses. However these fees may be partially covered under the “contact lens” portion of your coverage.

Most vision insurance plans provide a pre-determined dollar amount that is set between your employer and the insurance company for purchasing contact lenses. If you choose to exceed those limits when purchasing contact lenses, the additional cost will be your responsibility.

I understand that a contact lens exam is an additional fee & I choose to have a contact lens evaluation.

INFORMED CONSENT FOR CONTACT LENS WEAR

Contact lens wear has many benefits including enhance peripheral vision, appearance, ease of wear during sports, and in some cases better visual acuity, but it also has risks that you should be aware of even with proper contact lens care and handling. The following are possible problems that have been reported with the use of contact lenses: discomfort, corneal abrasion, eye infection, corneal ulcer, stinging, burning, itching, watering, redness, blurred vision, sensitivity to light, dry eyes, corneal swelling, and corneal neovascularization. In the most severe cases, contact lens-induced complications can result in hospitalization, corneal transplantation, and blindness.

There are alternatives to wearing contact lenses such as glasses or refractive surgery. Modern contact lens materials are healthy enough that some are FDA approved for sleeping in. Despite this approval, sleeping in lenses increases your risk of complications. There are alternatives to extended wear such as daily disposable lenses or removing lenses nightly to minimize risks involved with contact lenses.

I fully understand the risks, complications, and benefit derived from contact lens wear. Should any complications or emergencies occur, I agree to contact my optometrist immediately. I understand the instructions or on the care and use of my contact lenses. I have had the opportunity to ask questions about wearing contact lenses. I understand the risks associated with contact lens wear and request to be fitted in contact lenses.

Patient or Parent/Guardian Signature: _____ **Date:** _____