

# GLASER VISION OPTOMETRY

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## Contact Lens Policies and Instructions

**Cost** The fees for evaluating and fitting contact lenses vary, depending on the type of contact lenses needed and whether training for a new contact lens wearer is required. The usual and customary fee for evaluating and fitting **new soft single vision spherical contact lens** wearers is \$110, or \$150 for soft toric lenses. Follow-up contact lens checks are included at no extra charge for 60 days. It is the responsibility of the patient to keep all scheduled appointments. Broken appointments without a 24 hour cancellation will incur a \$25 missed appointment fee. There is a training fee of \$50 for new contact lens wearers. This allows us to instill proper care and handling habits for the new contact lens wearer. The average fee to evaluate the fit and vision of patients who wear their contact lenses to the appointment and the parameters are known is \$40 to \$65, depending on whether additional follow-up is necessary.

Due to the sophistication of the various **soft multifocal contact lens** designs, the initial fitting fee is \$80. After the first follow up visit there is an office visit fee of \$30 for subsequent follow up and any needed diagnostic lenses provided. (Insurance discounts do apply.)

**For gas permeable contact lens wearers**, the fee for initial evaluation and fitting for single vision spherical lens begins at \$175. Due to the increased complexity in the fitting of multi-focal gas permeable contact lenses, the initial fee is \$250.

These fees are for the services required to properly evaluate and fit the contacts. They are non-refundable, and do not include the cost of the materials. Please ask the Doctor if you have any fee related questions.

**CONTACT LENS SERVICES ARE SEPARATE FROM REGULAR YEARLY COMPREHENSIVE EXAMS AND THIS ADDITIONAL FEE IS THE PATIENT'S RESPONSIBILITY AT THE TIME OF SERVICE.**

**Wearing Schedule** During your contact lens fitting and/ or training, you will be given trial lenses to wear home. For new contact lens wearers, it is recommended that you build up your wearing time gradually from 4 or 5 hours the first day, adding an hour each day thereafter, until a full day's wearing schedule is achieved. Daily-wear lenses must be disposed of at the end of each day. Two-week lenses must be rinsed, gently cleaned, stored in fresh solution each night, and disposed of at the end of the two-week period. Extended-wear contacts also have expiration dates. Do not go beyond the recommended wearing time for these lenses; replace them as indicated. Be sure to discard old solution in your contact lens container daily and replace with new solution. After being fit with a new contact lens, a follow-up contact lens check will be scheduled for the following week. **YOU MUST WEAR YOUR CONTACTS ON THE DAY OF YOUR CONTACT LENS CHECK FOR AT LEAST ONE HOUR BEFORE YOUR APPOINTMENT** so that we may examine the contacts on your eyes and check for proper fit and good visual acuity. When a final prescription is determined, you will be able to order your contact lenses.

**Contact Lens Handling Instructions** Because contact lenses sit directly on the cornea, we want you to be informed of how to properly wear contact lenses, how to maintain good hygiene habits, and how to know when to remove them and report to this office. Successful contact lens wearers adhere to the following handling and wearing instructions:

1. Always wash your hands before handling your contact lenses.
2. Dry your hands on a lint-free towel.
3. Work over a clean surface and have solution handy for rinsing contacts.
4. Keep fingernails clean and trimmed.
5. Do not rub your eyes while wearing contact lenses.
6. Do not sleep with contact lenses in your eyes.\*
7. Only clean your contact lenses with appropriate solutions.
8. Do not wear contacts beyond recommended wearing schedule.
9. Do not wear someone else's contact lenses or loan yours to them.
10. Keep all follow-up appointments.
11. **REMOVE CONTACT LENSES AND CALL THIS OFFICE IF:**
  - **You experience unusual eye pain or redness**
  - **There is unusual dryness, watering, or discharge from eyes**
  - **You experience cloudy vision through contacts**
  - **You experience any decrease in vision**
  - **You notice increased sensitivity to light**

Your eyes need proper amounts of oxygen and tear film, and good hygiene habits to remain healthy. For this reason it is important that you not wear contacts beyond the recommended daily wearing schedule and that you follow the above instructions. Non-compliance can lead to serious risks and complications including corneal ulcers, permanent eye damage and vision loss.

\*We do not recommend sleeping with contact lenses in your eyes due to increased risk of infection and irritation to the lining of the eyelids. Some extended-wear contact lenses, are specifically designed to accommodate sleeping in contacts and therefore we advise that only these type of contacts, should be worn for this purpose on a case by case basis. If you plan on sleeping in your contact lenses on a regular basis, please tell the doctor.

**Patient Acknowledgement and Informed Consent** By my signature, I acknowledge that I have read, understood, and received a copy of "Contact Lens Information and Instructions" from Glaser Vision Optometry. I understand this office's policies and fees as outlined on this form. I understand my responsibilities to comply with all instructions pertaining to contact lens usage and consent to abide by them. I understand and assume all risks and possible complications to my vision if I do not comply with the handling and wearing instructions.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(patient signature or guardian)

Signed \_\_\_\_\_ Date \_\_\_\_\_

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