

# CONTACT LENS AGREEMENT

**\*Please note:** *If you have never worn contacts, you will be required to have a contact lens class to ensure you can properly insert, remove, and care for the contacts. This requires extra time with the Doctor and/or staff and also includes professional fees that are not refundable.*

In accordance with Federal regulations regarding contact lens prescription release and patient compliance, Marshall Eye Care, request your acknowledgement of reading this statement.

A contact lens is considered a medical device that can only be dispensed with a valid prescription. They should be used with caution which is why they should be worn , cleaned and disposed of correctly. This is why you are required to have a yearly contact lens evaluation to order contacts. **It is a law.**

At the end of most exams, you will receive a pair of trial lenses and a finalized copy of your prescription. In general, the doctor will only finalize you for ONE brand of contacts unless there is a medical reason for more than one brand. It is at the doctor's medical discretion. If you are having vision problems, you have **60 days** to schedule a follow-up appointment with the Doctor without being charged. If you fail to come back within the time period, you may be responsible for paying for another fitting fee of \$25-\$75. If you return after six months, you may be required to have a complete eye exam in addition to the fitting fee. **A medical problem or condition of the eye is not covered under this policy and you will be responsible for any additional charges for medical treatment.**

This policy is designed to be in complete compliance with all applicable state and federal laws and to protect the health of your eyes. Please sign below.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian Signature (if under 18)

\_\_\_\_\_  
Date

## **WARNING**

**IF YOU EXPERIENCE EYE PAIN, REDNESS, DISCHARGE, LOSS OF VISION OR SENSITIVITY TO LIGHT, THEN REMOVE YOUR CONTACTS AND SEE AN EYE SPECIALIST IMMEDIATELY! SOME INFECTIONS CAN CAUSE BLINDNESS WITHIN 24 HOURS.**

### **DO...**

*Replace contact lens case monthly  
Put make-up on after inserting contacts  
Change solution in your case daily  
Keep fingernails trimmed  
Wash hands before handling contacts  
Avoid hand lotions, etc. prior to handling contacts  
Air-Dry case with lids off when not in use  
Read instructions completely before using contact solutions  
Discard and replace your contacts, as prescribed, for your health*

### **DON'T....**

*Don't Sleep in your contacts (unless approved by a doctor)  
Don't Swim in your contacts  
Don't Wet your contacts with saliva  
Don't Use drops that are not approved for use with contacts  
Don't Share your contacts, they can carry viruses  
Don't Use tap water on your contacts or case  
Don't over wear your contacts*