



ANNUAL CONTACT LENS AGREEMENT AND ACKNOWLEDGMENT

We are excited that you have decided to give us the opportunity to serve your contact lens needs! Please be aware that **contact lens services** are based on your current **eye examination** and each are **billed separately**. We strongly recommend an eye examination every 12 months for optimum eye health and visual comfort with the use of contact lenses.

We also recommend sunglasses because exposure to the bright Arizona sun plays a role in developing cataracts, macular degeneration, and pingueculae/ pterygium (growth on the front structures of the eye). When you purchase a **year supply of contacts** you are eligible for **\$50.00 off any sunglasses**. You are also eligible for a **free frame** from our value collection when purchasing back-up-eyeglass lenses.

Evaluation and fitting of contact lenses involves additional diagnostic tests and documentation above and beyond that of a standard eye examination. Descriptions of the different levels of evaluation and fees are as follows:

First Time Contact Lens Wearer- Includes measurements and any calculations necessary to determine initial contact lens selection (such as dry eye analysis, corneal curvature measurements, etc.); design and ordering of the initial and subsequent diagnostic contact lenses; education and instruction on insertion and removal; care and hygiene of your contact lenses.

-Minimum Fee..... \$100.00

Established Wearer Evaluation/ Refit- (for established contact lens wearers who do not need insertion/removal training) Includes evaluation of current contact lens fit and function; evaluation of eye health secondary to wearing contact lenses; calculations for determining needed changes; and design and ordering of subsequent diagnostic contact lenses.

-Existing Patients without Rx Changes..... \$69.00

-Existing Patients with Rx changes..... \$89.00

-New Patient to OVEC but Previously worn Contacts.....\$89.00

-Patients Requiring Additional Special Evaluation- Including Multifocal, Monovision, Gas Permeable, etc.....\$99.00 and up

Your estimated fees today will include the following:

Vision Evaluation & Eye Health Examination..... \$ _____
Contact Lens, Cornea & Tear Film Analysis..... \$ _____

Total \$

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I understand that the contact lens prescription is valid for ONE YEAR and that an annual eye exam **AND** contact lens evaluation will be required to update this prescription for replacement lenses after ONE YEAR.

We require payment in full for contact lens services and materials (lenses) at the time of check-out and ordering. All contact lens service fees are non-refundable. Your contact lens prescription will be released once the evaluation is completed, payment has been made, and the doctor has finalized your prescription.

All contact lens follow-up visits are included with your evaluation fee for up to 60 days after the initial contact lens appointment. Each follow up visit after the 60 days will have a minimal fee of \$20.00.

Contact lenses are medical devices which should be monitored by the doctor to determine the current prescription and health of the eyes to ensure successful contact lens wear.

I understand that annual exams and sometimes 6 month corneal evaluations are necessary to continue replacing contacts.

I understand that there is an increased risk of infection or corneal ulcers that can lead to loss of vision with contact lens wear. The risk increases if the contacts are worn as extended wear (sleep in contacts overnight). Complying with wearing times, care regimens, and disposal schedules minimize this risk.

I understand that if sudden or prolonged red eyes, pain or irritation occurs, I should remove the lenses and call Oro Valley Eyecare immediately.

I have read, understood and agree to the terms above:

Patient/ Guardian Name _____

Patient/ Guardian Signature _____

Date _____

Technician Initials CF