

Contact Lens Agreement

Patient's Name: _____

General Information:

In 2004 the Food and Drug Administration (FDA) classified contact lenses as medical devices. Therefore a fitting must be performed to ensure the accuracy and safety of the contacts. The FDA also required a fitting to be done on an annual basis regardless if the patient has worn contact lenses in the past. Therefore, a contact lens prescription is only good for 1 year.

Contact Lens Services:

The cost of your annual eye exam does not include ANY contact lens services. These fees are in addition to the routine eye exam. In our office, contacts will be fit or reevaluated every year and the best contact to fit your needs will be chosen. The health of your eye, related to contact lens wear, will also be evaluated every year. Dr. Kaluzne does this in a variety of ways:

- 1) A slit lamp examination of the eye, evaluation of the fit of the lens and check of the proper prescription.

Fees:

Update of current contacts:	\$70	* NO follow ups
Spherical fit:	\$100	* includes 2 follow up visits within 45 days
Astigmatism fit:	\$130	* includes 2 follow up visits within 45 days
Multifocal/Mono fit	\$170	* includes 3 follow up visits within 45 days
Custom		varies on complexity of the fit

- 2) Corneal topography: A check of the surface of the cornea; often showing corneal problems such as Nearsightedness, Farsightedness, Astigmatism and other corneal diseases like Kerataconus.
- 3) Endothelial Specular Microscope: With advances in high oxygen contact lens materials and FDA approval of overnight contact lens wear, assessing corneal health is more important than ever. Improper contact lens wear has been shown to change the size and shape of the cornea's cells and can also cause swelling of the cornea. This test allows the doctor to check your eyes for these changes and monitor them every year.

Dr. Kaluzne may find it necessary to change the type of contacts you are wearing for a variety of reasons but all changes will be discussed with you during your exam.

Contact Lens Insertion, Removal & Handling:

For all first time wearers of contacts this training is required before the patient can leave the office with the newly fit contacts. The fee for this training is \$30, which insurance **does not** cover.

I have read and understand the agreement for contact lens services and the fees associated with these services. I understand my contact prescription is only good for 1 year from the date of the initial exam and require a yearly exam to update the prescription.

Patient/Guardian Signature: _____

Date: _____