

CONTACT LENS CARE AGREEMENT

Important Contact Lens Rules

- **Backup Glasses:** You must have a pair of glasses to let your eyes rest and breathe.
- **Replacement:** Replace lenses as prescribed. Old or expired contacts increase infection risk.
- **Annual Exam:** Yearly eye exams are required to check eye health, lens fit, and prescription.
- **Hygiene:** Wash hands before handling lenses. Apply creams or makeup **after** inserting contacts.
- **Solutions:** Use only fresh, doctor-recommended disinfecting solutions. Never reuse saline solution or tap water.
- **Water Safety:** Do not expose contacts to pool, ocean, or tap water. If exposed, discard lenses. Ask about daily disposables if you swim or work in dusty environments.
- **Case Care:** Rinse with solution daily, leave open to dry, and replace every 3 months.
- **Warning Signs:** Remove lenses and call us immediately if you have pain, redness, light sensitivity, or blurry unstable vision. (954-753-0137 | drkmedina@gmail.com)
- **Dryness:** Contacts may cause some dryness, blink fully and often. Use rewetting drops as needed and tell your doctor if dryness persists or makes wearing lenses difficult.
- **Contact lens prescriptions expire yearly; an annual exam is required to order more lenses**

Trial Lenses Policy

- Trial lenses are dispensed **only to finalize your prescription**.
- **Extra trial lenses will not be dispensed unless doctor determines that a change is necessary within the first 30 days of the fitting.**
- **If contact lens trials were dispensed**, you may be required to return for a follow-up visit within 30 days to finalize the prescription.
- After 30 days, a \$25 fee is required to finalize your prescription.
- After 3 months, a **new prescription and evaluation are necessary and will incur a fitting fee**.

Your Contact Lens Exam Includes

- Up to 3 follow-up visits and 2 training classes (if needed).
 - Additional follow-up visits: \$25 each.
- A small percentage of fittings are unsuccessful.** Fees cover the doctor's time and are non-refundable, even if you choose not to continue due to allergies, discomfort, or vision issues.

Patient Name

Patient/Parent Signature

Date