

CONTACT LENS FITTING AGREEMENT

Wadsworth Eye Clinic, Inc
330.247.2480

195 Wadsworth Rd Suite 304
Wadsworth, OH 44281

Professional Fees:

Professional fees provide for the initial contact lens fitting and measurements, starting solutions, instruction on insertion and removal (for first time wearers), and three months of follow up visits from the date of the initial exam. Any medical issue, contact lens related or not, is not included in the three-month follow up care. As with all professional services, there are no refunds.

Contact Lens Prescription Release:

Your contact lens prescription expires one year from the date of the comprehensive exam. A contact lens prescription cannot be released until the prescribing physician and/or follow up visits have confirmed a good fit and eye health.

Contact Lens Care After 90 days:

All follow up care and office visits after the three-month period is the responsibility of the patient and are not covered by today's fees. The patient will be assessed a \$35.00 refitting fee.

Patient Agreement:

I acknowledge that I have been instructed on the proper methods of insertion and removal, and use and care of my contact lenses (first time wearers). I have been informed of the risks associated with over wearing my lenses. I understand that if I should experience sudden or prolonged redness or irritation, I should call this office immediately. I understand that noncompliance may result in unsatisfactory service from my lenses, and could result in injury to my eyes. I understand that follow up care is of optimum importance. I am required to complete the follow up care prior to having my lens prescription released. And furthermore, I am aware of the importance of annual exams while wearing contact lenses.

Patient Name: _____ Date: _____
Print

Signature: _____