



Contact Lens Policies

Contact lenses are considered “medical devices” and are regulated by the FDA and FTC. **Arizona state law requires contact lenses to be re-evaluated each year in order to renew your prescription and to ensure a proper and healthy fit.** Careless handling may lead to serious infection, permanent damage to your eyes, and even permanent vision loss. Due to this risk, it is recommended that all contact lens wearers have a current pair of glasses for use when contact lens wear is not desired or safe.

A contact lens fitting service shall include: all trial contact lenses, a starter cleaning kit, insertion and removal training (if necessary), and all follow up visits needed to obtain the final contact lens prescription. All NEW contact lens wearers will be trained on how to insert, remove, clean, and disinfect their contact lenses. Each patient must be able to safely insert and remove their contact lenses before they are able to take any trial contact lenses home. **Once a patient has taken home their trial contacts, no refunds will be given for the contact lens fitting.**

This policy requires good compliance of follow up visits by the patient, and is limited to 60 days from the start of fitting. If the patient does not return for scheduled follow up visits, or returns after the 60 day period in an attempt to finish the fitting process, an additional follow up visit charge will be added, or a new exam may be required in order to finalize the contact lens prescription, at the discretion of the doctor.

Contact Lens Exam Fees

Please be aware that some vision plans **DO NOT** cover a contact lens evaluation, or they charge an additional copay for contact lens evaluations. If this is the case and you elect to proceed to obtain a contact lens prescription, these fees will be considered an out-of-pocket expense to you.

Level 1 Exam: \$60.00	Spherical Contact Lens Fits
Level 2 Exam: \$70.00	Toric (Astigmatism) Contact Lens Fits
Level 3 Exam: \$80.00	Monovision, Multifocal Contact Lens Fits

By signing below, I acknowledge that I understand and will adhere to all policies and conditions listed above. I also acknowledge that I have been informed of the need to schedule and attend follow-up appointments with my optometrist and to comply with the wearing schedule and cleaning method prescribed for me. I understand that I should notify my optometrist immediately if I experience any symptoms such as unusual redness, irritation or blurred vision while wearing my contact lenses.

Patient Name: _____



Signature: _____ Date: _____