

Name _____ Date _____

Occupation: _____ List your hobbies: _____

Do you use the computer more than 3 hours/day?	<input type="radio"/> Yes	<input type="radio"/> No	
Do you have difficulty driving at night?	<input type="radio"/> Yes	<input type="radio"/> No	
Have you worn contact lenses?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Interested
Do you have prescription/non-prescription sunwear?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Interested
Are you considering new eyewear today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Interested

What would you change about your current eyewear? (check all that apply)

<input type="radio"/> Lighter weight	<input type="radio"/> Thinner lenses	<input type="radio"/> Less glare	<input type="radio"/> Safer
<input type="radio"/> More durable	<input type="radio"/> No-Line bifocal	<input type="radio"/> Style	<input type="radio"/> Size

Contact Lens Services Agreement

Your contact lens professional fees include a diagnostic contact lens evaluation that will assess the health of the cornea and tear film as well as determining the brand, size, shape and prescription to allow for healthy contact lens wear and good vision. For new contact lens wearers, instruction for inserting and removing contact lenses safely will be provided. Finally as needed and not exceeding annually, Contact lens replacement fit will be required to ensure your eyes are remaining healthy and your vision is clear.

-Depending on the type of diagnostic contact lens fitting, whether new fit, refit or replacement fitting, the follow-up period will be 30 days. Visits needed beyond the follow-up period will require an additional charge.

-Yearly eye health examination, vision evaluation and contact replacement fitting will be required to refill contact lens prescriptions

Expected Charges:

Initial Fitting includes:

1. Eye Health Examination and Vision Evaluation
2. Diagnostic Contact Lens Fitting
3. Instruction for Insertion and removal and Care

Fee range- \$125- \$250

Annual Contact Lens Exam includes:

1. Eye Health Examination and Vision Evaluation
2. Diagnostic evaluation

Fee range- \$50-\$125

****some insurance plans may cover this****

Contact lens professional fees are non-refundable

There is a \$5.00 per box return fee

Contact lens orders must be paid in full before processing