

### CONTACT LENS POLICY

Follow-up care is vital to ensure that your contact lenses are fitting properly, providing good vision, comfort and most importantly that the health of your eyes is not at risk. Some complications may not be evident at first by you, but can be detected by your eye doctor at these follow-up visits.

**According to GA Law 31-12-12 your contact lens prescription is not valid until the contact lenses have been fitted and the patient released from follow-up care. If you do not return for prescribed follow-up care, you will not be able to receive your contact lenses or have your contact lens prescription released.**

**All contact lens prescriptions expire after one year from your initial fitting. Contact lens prescriptions can be voided at any time in cases of contact lens abuse or neglect. If you do not return for prescribed follow-up care within 90 days of your fitting, you will be assessed an office visit fee when you do return.**

Our goal is to provide you with safe, comfortable contact lenses. Because it is not always possible to determine in advance who will or will not be successful in contact lenses, there is no guarantee that these objectives will be achieved. As a result, professional fees are not refundable.

### INFORMED CONSENT

Contact lenses are an alternative to glasses. I understand that the risks of eye complications with contact lenses are greater than with eyeglasses and that complications may occur even in lenses which are initially fit well. Complications include but are not limited to corneal abrasions, corneal ulcers, corneal edema, infectious and non-infectious conjunctivitis and intraocular inflammation. These risks are increased for those who:

- sleep in their lenses,
- do not wear or care for their lenses as instructed
- do not have periodic examinations to determine if their contacts are still fitting properly

I agree to clean and disinfect my contact lenses as recommended by my doctor. I agree, if my contacts are disposable, to discard them in the prescribed time frame.

I understand that follow-up visits may be necessary to ensure that my lenses remain a safe and effective alternative to glasses and that failure to complete the prescribed follow-up requirements will void my contact lens prescription and prevent me from receiving my supply of contact lenses or having the contact lens prescription released.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_