Patient Agreement:
Patient agrees to comply with all instructions related to wearing schedule, lens care system, and follow-up visits. If contacts cause unusual pain, discharge, redness or blurry vision, patient will either call their optometrist’s office or a medical emergency facility. Contact lens prescriptions expire one year from the exam date. Release of the contact lens prescription is left up to the doctor’s discretion in the interest of the patient. THE PATIENT AGREES TO HAVE A CURRENT SPECTACLE PRESCRIPTION AND WEAR IT INSTEAD OF CONTACT LENSES IN THE CASE OF LOSS OR DAMAGE TO HIS/HER CONTACTS. CONTACT LENS FOLLOW-UP FEES WILL APPLY AFTER 30 DAYS

Informed Consent For Extended Wear Lenses:
The over-night wear of contact lenses carries a small risk of significant complications. In a small percentage of extended wear users the following may occur: 1) Hypoxic tissue changes within the cornea; 2) Acute red eye response; 3) Neovascularization of the cornea; 4) Epithelial microcysts; 5) Ulcerative keratitis.
CONSENT: I understand that there is a risk involved with wearing extended wear contact lenses. I have read the above information and have been trained in the handling and care of my contact lenses and am aware of the potential complications.

Patient Name: _______________________

Patient Signature Date Doctor/Technician Signature Date

Instructions for Contact Lens Patients

Contact Lens Patient:

☐ Daily Wear: The patient should remove, clean, and disinfect his/her contact lenses before going to sleep. The patient should not sleep with his/her contact lenses on. The contact lenses should not be worn more then twelve hours per day. (Please read “Contact Lens Do’s and Don’ts”)

☐ Extended Wear: The patient may wear the “Extended Wear” contact lenses while sleeping for up to six days continuously, followed by one night without contact lenses on. On this “night” the contact lenses should be cleaned, rinsed, and disinfected. If the lenses cause the patient’s eyes to be red, uncomfortable, blurry, and/or sensitive to light, remove the lenses and either contact his/her optometrist or if severe symptoms persist, contact a medical emergency facility.

☐ Flexible Wear: The patient may wear contact lenses over-night on an occasional basis for no more than _____ nights continuously. If the lenses cause his/her eyes to be red, uncomfortable, blurry, and/or sensitive to light, remove the lenses and contact our optometrist or if severe symptoms persist, contact a medical emergency facility.

☐ Monovision: Monovision is one of several ways of correcting near and far vision simultaneously. Monovision is when one eye is corrected for far vision and the other for near vision. Adaptation to this new viewing situation may take several days to many weeks. Extra caution should be used by the wearer of monovision lenses during this time especially while driving.

Disposable Wear:

☐ Daily Wear Disposable: Dispose of the contact lenses after two (2) weeks of “Daily Wear” use of the lenses. A replacement schedule starting on the first (1st) and fifteenth (15th) works the best.

☐ Extended Wear Disposable: Dispose of contact lenses after one (1) month of wear. Lenses should be changed at the beginning of each month on the first (1st).

Planned Replacement Wear:

☐ Dispose of contact lenses after _____ months of use.

Build Wear Time Gradually:

☐ Begin by wearing the contacts for _____ hours the first day. Add two (2) hours per day until a maximum of twelve hours of wearing time.

Follow-Up Visits: Wearing Schedule: Recommended Lens Care System:

☐ Dispense day Day 1 Hrs ______

☐ _____ week(s) 2

☐ Three months 3

☐ Six months 4

☐ Optional 5

☐ Six months 6

☐ Optional 7

☐ Optional 8

☐ No sleeping in contact lenses Twelve hours of wear time only

☐ Alcon - Opti-Free Pure Moist®

☐ Abbott - Revita Lens®

☐ Bausch & Lomb - Bio True®

☐ Ciba Vision - Clear Care®

☐ Other: ____________________________
DON'TS:

1. Don't wear lenses that have a chip or tear in them.
2. Don't wear your lenses if you have a cold or the flu.
3. Follow your wearing time schedule and keep your appointments.
4. Don't wear your lenses for the maximum amount of time if you have not worn them for a few days.
5. Don't exceed your prescribed wearing period.
6. Don't swim or shower with lenses on. Any water (rain or tears) may flush lenses out of your eyes.
7. Always thoroughly wash, rinse and dry your hands before handling your lenses.
8. Rinse the storage case wells out with warm tap water then with saline after each use and let air dry when storing.
9. Return to the office for your regularly scheduled follow up visits.
10. Don't exceed your wearing schedule during the adjustment period.
11. Don't wear contact lenses forward or backward.
12. Don't use any other solutions then those your doctor prescribed. Don't switch or mix brands of solutions without doctor's approval.
13. Always close the drain when working near the sink. You could also use a face cloth or towel to cover the drain.
14. Don't wet lenses by putting them in your mouth or using tap water.
15. Avoid harmful vapors and fumes especially in work areas while wearing your lenses. Inform your employer that you wear contact lenses so they can recommend proper eyewear.
16. Avoid dusty environments; wear protective eyewear.
17. Avoid contact with sprays or aerosols. (hairspray, spray paint, etc.)
18. Don't use non-sterile solutions. Ask your doctor to recommend proper contamination.
19. Keep a storage case and a small bottle of lubricant or saline with you at all times for emergency use.
20. Don't apply makeup before inserting contact lenses, including tubes and foundations, as well as lip gloss and lip stain. Apply all cosmetics after inserting contact lenses, including lotions and foundations as well as lip gloss and lip stain.