

CONTACT LENS CARE AND INSTRUCTIONS

Please review and follow these instructions related to your new contact lenses

YOUR DOCTOR WILL DISCUSS WITH YOU WEARING TIME AND REPLACEMENT SECHDULE FOR YOUR CONTACTS.

REMOVE LENSES PROMPTLY AND DISCONTINUE WEARING IF:

- You have discomfort or pain
- You have blurred, cloudy or foggy vision
- You have redness of the eye
- You suspect something is wrong

Remove contact lens if your eye becomes red and irritated. Call the prescribing doctor for a consult if any of the above conditions do not clear up promptly. If you believe you are having a true ocular emergency after hours please visit your local ER.

Important points about contact lenses:

- Absolutely NO sleeping in contact lenses unless indicated
- Always wash hands thoroughly before handling contact lenses
- Contact lens insertion should always be prior to application of makeup, lotions, creams etc...

****NOT FOLLOWING PROPER CONTACT LENSES CARE, REPLACEMENT, USE AND HYGIENE PROTCOLS CAN RESULT IN POTENTIALLY BLINDING MICROBIAL INFECTIONS OF THE EYE****

PRESCRIPTION EYEGLASSES AND NON-PRESCRIPTION SUNGLASSES

PRESCRIPTION EYEGLASSES: As a contact lens wearer you should maintain a pair of prescription eyeglasses. Contact lenses are not to be your only means of vision correction.

NON-PRESCRIPTION SUNGLASSES: Enhance your new contact lens wearing with non-prescription sunglasses. Quality sunglasses with adequate UV protection are essential for all patients in order to protect your eyes from the sun.

PATIENT STATEMENT

I have read the information provided above. I understand that follow-up care is extremely important and that it is my responsibility to schedule and keep my follow-up appointments. If I fail to do so, I will not hold this office responsible for any eye health related problems. Noncompliance with contact lens care, use and hygiene recommendations will be grounds for termination of my status as a patient.

PATIENT NAME: _____ PATIENT SIGNATURE/DATE: _____

ADAPTING TO YOUR NEW LENSES

YOUR SCL BRAND IS: _____

Follow the schedule below as you begin to wear your lenses:

Start with _____ hours for _____ days
Increase _____ hours per day to a daily maximum
of _____ hours

Special Instructions: _____

CARING FOR YOUR LENSES

When handling your lenses always wash your hands prior to insertion and removal.

Lens disinfectant: _____

Rinsing solution: _____

Soaking solution: _____

Other: _____

Do not change or substitute product brands, unless you check with your doctor first. Damage to the lenses or severe eye irritation can result from inappropriate use of solutions.

YOUR RECOMMENDED REPLACEMENT SCHEDULE

Everyday One Week Two Week Monthly Quarterly One Year Other