

Contact Lens Fitting Acknowledgment Form

Our mission is to ensure the clearest vision and most comfortable wear experience with the contact lenses you and your doctor choose for you. **It is important to carefully read the contact lens consent form, in full.** By signing and dating at the bottom, you acknowledge that you understand these outlined policies and agree to pay in full for any contact lens related fees.

A contact lens fitting is required *annually* to obtain a contact lens prescription, for both new and returning wearers. This is required by federal law.

- Contact Lens Fitting Fees:
 - Level 1: Spherical.....\$95.00
 - Level 2: Astigmatism (Toric).....\$130.00
 - Level 3: Multifocal/Monovision.....\$190.00
 - Extended Wear.....\$150.00
 - **Vision plans may reduce your fitting fees with a discount or copay. Please see our staff for details of your plan.*
 - Specialty fits will be discussed with your doctor on a case-by-case basis. You will be provided with additional informational paperwork in these cases.
- Contact Lens Follow-Ups and Re-Fits
 - Contact lens fits are valid for 90 days after the initial fit. If you are experiencing discomfort or feel your vision is decreased with the contact lenses you were fit into, it is important you return within 90 days of your initial fit for a re-evaluation. Beyond 90 days, a new comprehensive exam and new contact lens fit will be required.
 - If a contact lens fitting is not performed during a comprehensive eye exam, you are able to return within 90 days of your comprehensive exam to start a contact lens fitting. After 90 days, a new comprehensive exam will be required.

Contact lens fitting fees are non-refundable.

All contact lens fitting fees are due at time of service. All materials must be paid in full before orders will be placed.

I would like a contact lens fitting today: _____ I would **not** like a contact lens fitting today: _____

Print Patient Name: _____ Date: _____

Patient Signature (Parent/Guardian if under 18): _____