



FRONT RANGE
EYE PHYSICIANS

205 S. Main St., Suite D - Longmont, CO 80501
(T) 303-772-3611 (F) 303-772-3609

Patient Name: _____
MR#: _____

PATIENT AGREEMENT FORM - FIRST TIME CONTACT LENS WEARERS

Contact lenses can provide excellent vision and cosmetic results for many patients. However, they are foreign objects placed on the eye, which can damage the eye if improperly fit or over-worn.

All first-time contact lens wearers must have a full eye exam prior to contact lens fitting. In addition to the usual fee for the eye exam, an **initial fitting fee** is charged according to the below table, which includes: 1) a training session to learn insertion and removal of the contact lenses, 2) all trial lenses, and 3) the fit process, which includes follow-up visits with the doctor.

Lens Type	Initial Fitting Fee - Soft	Initial Fitting Fee – Gas Perm
Spherical	\$80	\$100
Toric	\$120	\$140
Multifocal	\$150	\$170

- There is a **60-day** free follow-up period, to take care of any necessary changes or problems that arise.
- **After 60 days, a refitting fee of \$65** will be charged, regardless of the type of lens.

Replacement of Lost/Damaged Lenses:

If you tear, break, or lose a lens, we will replace up to 2 disposable lenses FREE and 1 daily wear soft or gas permeable lens FREE within **60 days** of purchasing your lenses. After receiving these free replacement lenses, you must pay for future replacements when you pick them up.

- ✓ I understand that my contact lenses will be dispensed to me only upon successfully completing a scheduled contact lens training session.
- ✓ I agree to adhere to the doctor’s recommended wear and care schedule for disposable contact lenses.
- ✓ I understand that Toric and Multifocal Soft Contact Lenses are often difficult to fit and may require additional fittings and/or adjustments. Should difficulties arise during the **60-day** free follow-up period, the doctor will make adjustments. In such cases, an exchange of contact lenses may be necessary.
- ✓ I understand the recommendations for and the risks involved in wearing Monovision Contact Lenses. Should I be unable to adapt to Monovision during the **60-day** free follow-up period, the doctor will make adjustments. In such cases, an exchange of contact lenses may be necessary.
- ✓ I understand that the use of contact lens(es) may not correct my vision to 20/20.
- ✓ I confirm that my eye doctor has given me a copy of my Contact Lens prescription. Initials (at checkout): _____

****NOTE: If your contact lenses are giving you problems (discomfort, blurred vision, red eyes, or discharge), discontinue contact lens wear and call our office at the above number.**

Parent/Minor (under age 18) Patient Responsibility: I, as the parent/legal guardian of _____, am aware that my minor child is purchasing contact lenses. I agree to assume full responsibility for ensuring that my child understands and follows all instructions (written or oral) regarding contact lens handling, wear, care, and follow-up.

Financial Policies:

- All fees are due at the time of service.
- All outstanding balances for the patient and his/her family must be paid before contact lenses will be ordered or dispensed.
- If you are unable to adjust to your trial lenses after your fitting and your training session, you are still responsible for the usual fitting fee.

Patient Printed Name

Patient Signature

Staff Signature

Date