

**First time Contact Lens exam includes:**

- Contact Lens Evaluation
- Contact Lens Fitting
- Contact Lens Training
- Contact Lenses Trial
- 1 week Contact Lens Follow-up Examination
- Yearly Comprehensive Eye Exam

**Current Contact Lens exam includes:**

- Contact Lens Evaluation
- Contact Lens Fitting
- Contact Lenses Trial
- 1 week Contact Lens Follow-up Examination if necessary
- Yearly Comprehensive Eye Exam

## CONTACT LENS EVALUATION & CONTACT LENS FITTING:

Every year, each patient wearing contact lenses must be evaluated for any changes to their vision and/or their contact lens prescriptions. The fee each year is dependent on the contact lens type and the measurement of your prescription. Any change in Contact lens type from the Previous year will be determined by you and the doctor. There are four (4) levels of evaluation and fitting.

**Contact Lens Evaluation/Fitting Fees:**

Level 1: Single Vision:	\$99	___	(Regular Spherical Contact Lenses)
Level 2: Mono Vision:	\$129	___	(1 eye for distance, 1 eye for reading)
Level 3: Toric:	\$149	___	(For astigmatism)
Mono Vision Toric:	\$149	___	( For astigmatism and 1 eye for distance, 1 eye for reading)
Multifocal:	\$149	___	(Bifocal)
Level 4: Multifocal Toric:	\$250	___	(For astigmatism and Bifocal)
RGP:	\$250	___	(Rigid Gas Permeable)

## CONTACT LENS TRAINING:

Training is required of first time contact lens wearers, and is to be completed to the satisfaction of the doctor to learn the following; cleaning and hygiene, application and removal and a wearing schedule.

## CONTACT LENS FOLLOW-UP EXAMINATION:

All contact lens follow-up examinations are included with your contact lens evaluation/fit fees. The contact lens follow-up examination is at no charge if it is scheduled within one month and only necessary if the doctor recommends it.

## CONTACT LENS HISTORY

1) Are you presently a Contact Lens wearer?  Yes  No | a) If no, are you interested in Contact Lenses?  Yes  No

2) Please indicate the following (if known)? a) Brand \_\_\_\_\_

b) Type (select all that apply);  Single Vision  Toric for astigmatism  Monovision  Multifocal

3) Do you sleep in your Contacts?  Yes  No | a) If yes, for how many days in a row? \_\_\_\_\_

4) How many days / weeks do you wear each pair of lenses? \_\_\_\_\_

5) What solutions do you use?  Multipurpose  Hydrogen Peroxide

6) Please rate your present Contact Lenses on a scale of 1-10 (1 = poor, 10 = excellent)

• Comfort \_\_\_\_\_ • Distance Vision \_\_\_\_\_ • Near Vision \_\_\_\_\_

**All fees are due at the time of service and are non-refundable.**