

# Annual Contact Lens Agreement

Please carefully read our [Contact Lens Agreement](#). **Contact lens are medical devices that require additional testing to ensure safety and an accurate prescription. An annual contact lens evaluation is required every year for all contact lens wearers in order to prescribe contacts. The fee for this evaluation is separate from the fee for the routine eye exam and is not refundable. Some vision plans do cover all or part of this fee, while others do not. Any amount not covered by your vision plan is due in full at the time of service.**

**The contact lens evaluation does not include your annual supply of contact lenses, which can be ordered after the prescription has been finalized. It also does not include medical office visits for issues unrelated to the evaluation of your contact lenses, like dry eye, eye infection, injuries, and ocular disease.**

By signing this form, you are acknowledging that:

- Contact lens evaluation fees are non-refundable and payment is due at time of service
- Your prescription is valid for one year
- Proper care of your lenses is expected. Failure to properly care for your lenses may result in numerous eye problems, such as corneal ulcers and potential loss of vision
- Any purchases made in office are final as orders are processed the same day, but patients can recieve a credit if any changes need to be made

## Contact Lens Consent (choose 1)

☐ **I would like to have a contact lens evaluation today.** I have read and understand the agreement for contact lens services and the fees associated with these services. I also understand my contact lens prescription is only valid for 1 year from the date of the initial evaluation and that a yearly evaluation is required to update the prescription.

☐ **I do not want a contact lens evaluation today** and I am aware that without it I will not get a prescription for contact lenses.

Patient Name

First

Last

Guardian Name

First

Last

Signature of Responsible Party

Date