

Patient Name -
Contact lens brand-
Old or new

Bulverde Vision Source

We offer discounts on Glasses for contact lens wearers

CONTACT LENS CARE AND HANDLING

You have been prescribed the following type of lenses:

Wear Type: Daily Wear Flexible Wear Extended Wear

(The maximum extended wear time is 6 or 30 nights

spherical soft lens continuously or less, depending on lens type as determined by the doctor. Dr. Martin & Associates encourage the least amount of extended wear as possible. Some research has shown that the longer the extended wear period, the more likely it is to have complications such as infections or corneal ulcers.)

toric or aspheric soft lens

monovision

frequent replacement soft lens (2week or monthly) bifocal lens

disposable replacement lens (daily or weekly) gas permeable lens

Proper care is necessary for successful wear, normal lens life, and good eye health. You will need to purchase products to clean, disinfect, and store your contact lenses. Please use these products as instructed!

Your daily cleaner (if prescribed): Boston Advance/Original Other: _____

Your cleaning/disinfecting/rinsing solution is: Optifree Pure Moist Complete BioTrue

Revita Lens Renu Clear Care

Your soaking solution (gas permeable lenses) is: Boston Original, Advance, or Simplus
Unique ph

Your rewetting drops (if prescribed): Blink Renu Boston Refresh Clerz Complete
Blink-n-Clean

Your protein remover (if prescribed): **Daily:** Supraclens **Weekly:** Boston

NOTE: THESE PRODUCTS HAVE BEEN PRESCRIBED SPECIFICALLY FOR YOUR LENSES AND EYES. DO NOT CHANGE OR SUBSTITUTE BRANDS UNLESS YOU CHECK WITH OUR OFFICE FIRST. USE OF IMPROPER SOLUTIONS MAY RESULT IN LENS DISCOLORATION, DAMAGE, OR EYE IRRITATION.

IN THE BEGINNING IT IS NORMAL IF:

- 1)Your lenses itch or feel funny.
- 2)One lens is more noticeable than the other.
- 3)Your vision seems fuzzier than with glasses.
- 4)One eye sees better than the other.
- 5)You have trouble handling the lens.

REMOVE YOUR LENSES IF:

- 1)You develop unusual pain or redness.
- 2)You experience a decrease in vision that does not clear up.
- 3)You suspect that something is wrong.

Wearing schedule: Previous wearer-may wear all day

____ First time wearer or has been more than two months since last worn,
begin at 4

hours and add 2 hours per day until you reach 12 hours, then go to all day.

Follow up Care: The following is the typical follow up schedule required for new contact lens wearers:

Daily Wear

1. Three to seven days after dispensing.
2. Two weeks after visit #1.
3. One month after visit #2.
4. (30 day EW only) After 2 weeks overnight wear.

**Disposable & opaque/tinted contact lenses will not be wear prescribed.
ordered until the follow-up process is complete.**

Extended Wear

1. The morning after overnight wear
2. After 3 nights of overnight wear.
3. After one week of overnight wear.

5. After maximum overnight

PLEASE HAVE CONTACT LENSES ON AT LEAST ONE HOUR PRIOR TO CONTACT LENS FOLLOW UP VISIT.

Professional Policies and Procedures

I understand my cooperation and adherence to instructions and schedules is necessary for successful contact lens wear.

1. I understand that contact lenses, being a medical device, require continuing evaluation for long term success. All contact lenses have a greater chance of causing eye complications, such as infections and corneal ulcers. Any time spent sleeping in contact lenses can increase the chance of these complications. If complications occur with contact lens use, vision loss can occur up to and including blindness.
2. **Wearability of contact lenses is not guaranteed.** The doctor will use all the knowledge at her/his disposal to help me in the wearing and enjoyment of my contact lenses. A small percentage of individuals can not wear contact lenses. This is not always predictable at the time of examination. If I chose to not do contacts after all, no refund for the professional fees will be given to me.
3. If contact lens wear is discontinued, I understand that I will be responsible for all fees incurred. Professional fees are non-refundable. Refunds on contact lenses are based upon the manufacturer's policy on credits. If a refund is due, a 20% restocking fee will be deducted, if the lenses have already been ordered. Please allow 20 business days, excluding holidays and weekends for processing refunds.
4. If I have requested to be fit with "monovision" or bifocal contact lenses, I understand that there is a normal period of adaptation from two to four weeks, or longer in some cases, when my vision may not be as clear as needed for some tasks, such as driving and I should refrain from these tasks, if they are unsafe, until completely adapted.
5. Cost for subsequent lens changes following the initial lens fitting, remain my responsibility, if not purchased through this office. It is not uncommon to need to modify the parameters of the contact lenses over the first sixty days of contact lens wear. Please check with the optical retailer or pharmacy where you wish to purchase the lenses concerning their policy on "Doctor's Changes" or refunds. If the optical or pharmacy will not honor these changes, Dr. Martin & Associates strongly recommend purchasing the lenses elsewhere.
6. Changes in contact lens parameters can only be made within the first 60 days for any and all contact lenses. After this time period, the manufacturer will not allow exchanges. Most manufacturers only accept unopened boxes. We provide trials during the fitting for this reason to assure the lenses are successful before obtaining boxes. Therefore, it is imperative that all scheduled progress visits be kept.
7. If I have requested to keep the contact lens vials, I understand that if the lenses must be returned to the manufacturer for any reason, the manufacturer requires that they be returned in their original vials. There are no exceptions. A contact lens vial is not the same as a written contact lens prescription. This is both a state and federal law. Contact lenses can only be returned to the manufacturer as stated in #6 above. Please open your lenses and inspect them carefully.

8. If any problems arise with my contact lenses, I agree to contact the office of Bulverde Vision Source at my earliest possible convenience.
9. The contact lens prescription is valid for **one year from the date of the exam**. It will be released to the patient after the follow up process is complete. This is the standard of care in the medical community. Also, Texas state law requires an expiration date on contact lens prescriptions. The contact lens exam cost is additional to the routine eye exam and I understand my insurance may or may NOT cover it. The price for the fit varies depending on the type of contact fit I need. All fees are due upon service.
10. The professional fees include follow-up care for 2 months from the date of the exam, during normal office hours, and excluding medical eye care, such as infections, corneal ulcers, abrasions, etc.
11. I have been instructed in contact lens insertion and removal, lens care, lens storage and emergency care of lenses or have signed a waiver for not being instructed in contact lens insertion and removal, etc.

I hereby acknowledge receipt of the forms "Contact Lens Care and Handling" and "Professional Policies and Procedures" from the office of Dr. Martin & Associates.

Patient's signature

Date

Witness signature

Date