

## CONTACT LENS TREATMENT PLAN

Contact lenses (CL) are classified as medical devices by the U.S. Government, and by law, may not be dispensed without a current (“within one year”) prescription; when fit or worn improperly, contact lenses can cause permanent loss of vision. Therefore, in our office, **only Doctors** diagnose, fit, evaluate and follow-up contact lens patients.

The diagnosis for an initial fit of contact lenses is made during the general eye exam.

The “Fit, Evaluate and Follow-up” of contact lenses, which is a **separate procedure from the general eye examination**, includes the following:

1. “Fit” –

- Initial CL Rx —spherical, astigmatism, monovision, bifocal, other.
- CL Design— material, brand, oxygen & water content, optic zone, wetting surface & tear angle, central curvature, diameter, center & edge thickness.
- Training in proper handling, cleaning & storage techniques.
- Determination of initial wearing schedule, daily or overnight.

2. “Evaluate” –

- Are the CL comfortable and easy to handle, is the vision clear at all distances, are the eyes excessively red or watery?
- By microscopic evaluation -- are the eyes getting enough oxygen, are they swollen or inflamed, are there any allergic reactions?

3. “Follow-up” —

- After **one week of wear**, are the eyes responding well: is the vision clear, are the CL clean, are the eyes red, dry, swollen, inflamed or suffocated?
- After **three months of wear**, are the CL still comfortable throughout the day, is the vision clear, the wearing time normal, and the eyes healthy?

Since the Doctor makes many decisions in the proper fitting of contact lenses, “CL Fitting Fees” are separate from the general eye exam, and have been fairly established based upon the complexity of the fit. These fees take into account the Doctor’s expertise in CL fitting, the type of contact lens selected, whether the patient is a new or continuous wearer, and the number of follow-up visits required.

“CL Fitting Fees” are also separate from the cost of the contact lens materials because patients with a current prescription frequently need to purchase additional contact lenses throughout the year. We do not feel it appropriate to add fitting fees into the cost of the contact lenses, as is done in some offices.

I have read and understand the CL Treatment Plan, and wish to be evaluated and/or fit with contact lenses. I agree to return for follow ups as recommended by the Doctor.

Name: \_\_\_\_\_ Date: \_\_\_\_\_