



Contact Lens Fitting and Evaluation Informed Consent and Compliance Agreement

The charge for evaluating and determining your suitability for contact lens wear is not included in the comprehensive examination fee or refraction fee. A comprehensive eye examination must be performed prior to the contact lens fitting. Your vision insurance plan may or may not cover the cost of the contact lens fitting. The fitting fee is for professional services and does not include the cost of lenses.

The Following Products And Services ARE Included In The Contact Lens Evaluation Fee:

- Professional examination of contact lens fit and power
- Contact lens follow-up care for 90 days
- Trial pair of contact lenses
- Professional insertion and removal training (if necessary)
- New contact lens case and trial sized solution (if necessary)
- Manufacturer rebates for contacts purchased through Aurora Eye Care (if applicable)

Upon request, a written copy of your contact lens prescription will be provided to you upon completion of the contact lens medical management services. Professional fees for examination and contact lens fitting and evaluation fees are **NOT REFUNDABLE**. Failure to return within 90 days to complete the contact lens evaluation process WILL result in additional office visit fees.

Risk of Contact Lens Wear:

The use of contact lenses is not without risk. A small, but significant percentage of individuals wearing contact lenses develop potentially serious complications which can lead to permanent eye damage and vision loss. Specifically, extended wear contact lenses pose the risk of complication greater than that of daily wear. Presbyopic contact lens corrections (monovision or bifocal contact lenses) can create vision compromises that may reduce visual acuity and depth perception for distance and near tasks. For extended wear patients, extra care is necessary to help prevent eye-health complications and for presbyopic (monovision or bifocal contact lenses) patients, supplemental or alternative vision correction during hazardous activities is advised.

*In the beginning, it is **NORMAL** if:*

- Your eyes itch or feel funny
- You have better vision in one eye
- You have trouble handling your lenses
- You are more aware of one lens
- Your vision seems fuzzier than with your glasses

*Remove your lenses **IMMEDIATELY** if you:*

- Develop unusual pain
- Experience stinging or redness
- Have unusually foggy or blurred vision that does not clear
- Have any discharge or unusual light sensitivity

When in doubt, take them out and call our office, or go to your local emergency hospital.

Your doctor at Aurora Eye Care reserves the right to terminate the agreement upon non-compliance of prescribed wearing times or follow-up visits. By signing below, I acknowledge that I have read, understand, and have received a copy of this agreement. I am aware of potential risks, side effects and adverse reactions due to contact lens wear. I agree to wear my contacts no longer than prescribed by the doctor, agree to properly care for my contact lenses as instructed, and agree to return for recommended follow-up visits.

_____ Date

_____ Patient's Name

_____ Patient's Signature (guardian, if a minor)

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