

PREMIER EYECARE OF ROSWELL
330 E. CROSSVILLE ROAD
ROSWELL, GEORGIA 30075
(770)518-4884

The purpose of this sheet is to provide you with information about your contact lenses. Most patients are already aware of the many benefits contact lenses can offer, however, sometimes the potential hazards of wearing contact lenses are not made clear. Please keep in mind that our primary goal is to keep your eyes healthy and that you would not be fitted with contact lenses if we felt you were not a good candidate.

- ❖ You are more at risk for eye infections when you wear contact lenses because of the simple fact that you are putting something in and out of your eye. This is why you must always wash your hands before inserting and removing contact lenses and follow the cleaning regiment of your contacts as you are directed. You can greatly decrease this risk by using daily contact lenses.
- ❖ If you sleep in your contact lenses, it must be a contact lens that is designed specifically for that purpose. Sleeping in your lenses increases your risk for infection 16 times. We encourage you not to sleep in your lenses, but if you do it is extremely important that you follow your directed wearing schedule and cleaning regimen.
- ❖ If your eye becomes red, irritated, or if you experience any type of discharge or decreased vision, it is imperative that you remove your contact lenses and call us immediately. These are all signs and symptoms of an eye infection. Some eye infections can cause an ulcer on the eye that could grow as fast as two days and leave a permanent scar. If you are seen right away, you can be treated appropriately.
- ❖ If you ever have any questions or concerns about your vision or your contact lenses, please don't hesitate to call our office. No question is a dumb question. We are available for calls during normal business hours. If it is after hours and you have an EMERGENCY, call Omni Eye Services at 404-257-0814 for instructions.
- ❖ On your initial visit, your contact lenses may feel comfortable and provide you with great vision. This does not ensure that you have a healthy fit. There are mechanical aspects of the contact lens fit that could damage your eyes without causing any irritation or discomfort. This is why we must see you within the month following your exam. You must wear your lenses for AT LEAST 2 HOURS on the day of your follow-up. If you sleep in your lenses, you must sleep in them the night before you see us. This is a service designed to protect the health of your eyes.
- ❖ Your follow-up visit or visits, up to two (2) visits, are included in the price of the contact lens fitting if attended during the allotted time frame. Additional visits during this allotted time frame will be \$50 per visit. Your follow-up visit should be scheduled within a month after your initial fitting. If because of scheduling issues your follow-up visit occurs one month up to 3 months from your initial fitting, you will be charged \$75 per visit. If your follow-up visit occurs after three months up to six months from your initial fitting, you will be charged the full price for a new contact lens fitting. Any patients returning for follow-ups after six months will need a new exam and contact lens fitting because prescriptions can change after this amount of time. These charges are necessary because we will need to order additional contacts because of the time delays. You will not be charged if the delays are due to our office not being able to schedule you in a timely manner. You will be allowed to try up to 2 different types of lenses before occurring an additional charge of \$50 per change; the \$50 covers follow-ups only for the new change but not trying additional lenses.
- ❖ No matter how careful you are, there may be times that you cannot or do not want to wear your contacts. Make sure you have a backup pair of glasses that you can wear in a current prescription.
- ❖ **NO CONTACT LENS PRESCRIPTION WILL BE RELEASED WITHOUT A FOLLOW-UP VISIT THAT ACHIEVES A HEALTHY FIT.**
- ❖ By Federal law, contact lens prescriptions are valid for 1 YEAR after your complete eye exam; thus, a yearly exam is required for renewal of your contact lens prescription.

I have read and understand the above information. These instructions have been reviewed with me. I acknowledge the necessity for following these instructions carefully and that failure to do so could result in problems, injuries, or infections to my eyes. I understand that periodic examinations are important to monitor the health of my eyes and condition of my contact lenses.

Patient's Signature

Date_____/_____/_____