Starkville Eye Clinic Contact Lens Agreement

Established spherical fit-$30.00
Established toric/bifocal fit-$40.00
Established RGP fit-$60.00

New spherical fit-$35.00
New toric/bifocal fit-$50.00
New RGP fit- $70.00

*********PLEASE INITIAL ON LINES**********

_____ I understand that I must come back for my follow up within 60 days or I will be charged a new contact lens fitting fee and a refraction fee of $20.00.

_____ I understand that the exam and fitting fee must be paid in full on the day of the exam.

_____ I understand that the exam and fitting fees DO NOT include contact lenses, solutions or other necessary supplies.

_____ I understand that most patients are able to successfully wear contact lenses, but if for whatever reason I am not able to wear them or learn how to insert/remove them, no professional fees will be refunded.

_____ I understand that my contact lens prescription will not be released until I have completed my contact lens follow up.

_____ If you are wanting to try colored lenses, you will be fitted with clear ones first. You will not see as clearly out of the colored lenses because they slide around and become “hazy”. Boxes will not be refunded/exchanged for this reason.

_____ A refund cannot be given for opened/marked contact lens boxes.

_____ Some new contact lens wearers become sensitive to sun at first. If sun sensitivity occurs in an established contact lens wearer, the patient needs to come and see the optometrist.

_____ Do not sleep in the contact lenses, unless approved by the optometrist.

_____ Sleeping in contact lenses that have been approved for sleeping in can still cause corneal ulcers, infection, or other discomfort/problems.

_____ Not all eye drops can be used with contact lenses. The drops must have “for soft contact lenses” on the bottle.

_____ Night time glare is sometimes experienced by some contact lens wearers.

_____ Contact lenses can sometimes exacerbate dry eye syndrome.

_____ I have read and understood the above statements.

Signature_____ Date _____
(Signature of Parent or Guardian if patient is a minor)