

**CONTACT LENS CARE AND HANDLING INFORMATION**

**PATIENT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CONTACT LENS AGREEMENT:**

As a patient at TruVision Eye Care, I understand that contact lenses are an elective option and that it is important to follow and copy with the following instructions to the use and care of the contacts.

- **CLEANING AND DISINFECTION WITH SOLUTION:** I understand the risks involved from over wear or from poor hygiene in care and handling and know that it may lead to permanent damage to the front of the eyes.
  - **TYPES OF SOLUTION (circle)**
    - CLEARCARE      OPTIFREE      BOSTON      BIOTRUE
- **NO SLEEPING IN CONTACTS:** Sleeping in contact lenses increases the risk of eye damage and infections
- **IMPORTANCE OF ASSESSING OCULAR HEALTH ON AN ANNUAL BASIS:** I also understand that yearly eye exams are recommended for all contact lens patients.

**CONTACT LENS FITTING FEES ARE NON-REFUNDABLE**

**TYPE OF FITTING (circle):**

SPHERICAL      TORIC      MULTIFOCAL      RGP      SPECIALITY

**\*\*NOTE\*\*** No contact lens prescription will be released until finalization with the doctor. All follow up visits must be completed within 30 days of initial dispense. An office charge will apply for any follow ups after 30 days.

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**YOU HAVE BEEN INSTRUCTED AND CAN COMPLETE THE FOLLOWING PROCEDURES:**

Lens insertion and Removal   
  Lens Hygiene and Storage   
  Other   
  Previous wearer

**PLEASE REMOVE YOUR LENSES RIGHT AWAY AND CALL THE OFFICE IF YOU EXPERIENCE:**

- Unusual red, painful, irritated eyes
- Decrease in vision
- Mucous discharge after wearing contacts

I HAVE READ THE ITEMS ABOVE AND AGREE TO THE TERMS: \_\_\_\_\_

Signature

Date