



CONTACT LENS EVALUATION CONSENT FORM

A separate fee of \$50-\$75 will be charged if contact lenses are worn and need to be evaluated. A contact lens evaluation (examining the health of your eyes in the presence of a contact lens, determining if power and fit of the lens(es) are adequate) is necessary to renew the prescription for current contact lens wearing patients. Without a contact lens evaluation, ocular health/visual/optical charges cannot be fully evaluated, current contact lenses cannot be evaluated, and updated contact lenses cannot be prescribed. All contact lenses are medical devices and should only be worn as prescribed. If you are unable to provide the current contact lens prescription, not wearing the current contact lens(es), or a modification of the lens is necessary due to vision, comfort, or ocular health; a separate contact lens new fit or refit will be assessed.

I understand and consent to have a contact lens evaluation and I am aware of the \$50-\$75 fee. I have been advised in advance and understand that my medical and vision insurance does not cover (or cover in full) the contact lens evaluation or contact lens fitting fees. I understand that this fee is due at the time of service.

Patient Name (Please Print): _____

Signature: _____

Date: _____

Accept (Initial): _____

Decline (Initial): _____