

New Wearer Contact Lens Agreement

As a new contact lens wearer, we want to make sure you are aware of all that is involved in new contact lens wear.

I _____ hereby acknowledge and understand the following terms and conditions regarding my use of contact lenses:

1. Understanding the Risks

I am aware that wearing contact lenses carries certain risks, including but not limited to, eye infections, irritation, dryness, discomfort, and in rare cases, vision loss. I understand that proper care, hygiene, and adherence to the instructions provided by my eye care professional are crucial to minimizing these risks.

2. Contact Lens Fit and Prescription

I acknowledge that my eye care provider will assess my vision and eye health to determine my suitability for contact lenses. I understand that it is my responsibility to follow up with my eye care provider for any necessary adjustments to my contact lenses, including fitting, prescription updates, and any changes in my eye health.

3. Annual Fit Fee

I understand that there is an annual fit fee required to maintain my contact lens prescription, which covers the cost of fitting, eye health evaluations, and any adjustments necessary for proper lens fit. This fee is separate from the cost of purchasing lenses and a routine eye examination. If I decide not to proceed with the contact lens training today, a \$50 office visit fee will be assessed.

4. Eye Health and Follow-up Appointments

I agree to attend any recommended follow-up appointments to monitor the health of my eyes and the fit of my contact lenses. I understand that failure to do so may compromise my eye health and the effectiveness of my contact lenses.

5. Liability

I hereby release and hold harmless my eye care provider and their staff from any liability resulting from improper use, lack of care, or failure to follow prescribed instructions for wearing contact lenses.

By signing below, I acknowledge that I have read, understood, and accept the terms outlined in this waiver. I understand that wearing contact lenses involves potential risks, and I am committed to taking the necessary steps to ensure my eye health and safety.

Patient Name (Print): _____

Signature: _____ Date: _____