

Contact Lens Consent Form

Thank you for choosing Hillcrest Vision. Please read our contact lens exam policies, sign and date the bottom. By signing, you agree with our contact lens policies and agree to pay for in full any contact lens related fees.

| New Contact Lens Fitting | \$199 |
|---|-------|
| Contact Lens Evaluation | \$109 |
| Insertion and Removal Training (required for new wearers) | \$50 |

These fees cover the initial fitting process and contact lens related follow up visits for up to 45 days. Additional contact lens visits exceeding 45 days will be charged at \$35/visit. It is your responsibility to contact us within 45 days if you are having any issues with your contact lenses.

CONTACT LENS ANNUAL EVALUATION

In order to maintain proper eye health and ensure that it is still safe for you to wear contact lenses, an annual comprehensive eye examination and contact lens evaluation must be performed before a contact lens prescription can be renewed. If your prescription changes and requires a new type of contact lens (i.e. Toric or Multifocal), there will be a fitting fee charged instead of the annual evaluation fee.

CONTACT LENS PRESCRIPTION

Your prescription is valid for one year from date of Contact Lens Evaluation. Contact Lens prescriptions are not the same as glasses prescriptions. This Federal Guideline is managed by The Fairness to Contact Lens Consumers Act (Pub.L. 108-164, 117 Stat.2025, 2026, 2027, 2028 and 2029, codified at 15U.S.C.ch.102et seq.) also known as FCLCA

I understand that the contact lens prescription will be valid for one year and that an annual eye health and contact lens examination will be required to update this prescription. I understand that wearing my contact lenses for more than the prescribed time or improper care increases my risk of infection, discomfort, and poor lens performance.

I understand that contact lens fitting, and evaluation fees are separate from and in addition to comprehensive exam fees. Most insurances do not cover contact lens fittings, but some may give an allowance toward materials. Fees are due at time of service.

| <u> </u> | | |
|-----------|--------------|------|
| Signature | Printed Name | Date |