

Contact Lens Policy

*****Contact lenses are medical devices for correcting vision.*****

Improper care and handling of contact lenses has been proven to increase your risk of developing serious eye infection.

ALWAYS follow the instructions given to you by the doctor.

Professional Fitting Fees will not be refunded.

- Contact lenses are considered a medical device. An annual exam must be performed. Therefore, your prescription is only valid for 1 year.
- There is a mandatory class for first time contact lens wearers. The fee is \$25.
- You have 60 days from the time of your exam and fitting, to make and keep, all scheduled appointments, to finalize the contact lens prescription. **(These appointments must be kept.) If you request an appointment for a contact lens follow up after the 60 days you will be charged an office visit fee.**
- Remember, like any medical device, contact lenses must be monitored on a regular basis. Professional follow-up care is the most important element in successful long term wear. A contact lens prescription will not be released and contact lenses cannot be purchased unless all appointments have been kept.
- The contact lens solutions that will be prescribed for you will have been prescribed specifically for your lenses and eyes. Since they vary significantly from one manufacturer to another, do not change or substitute brands unless you have checked with us first. Use of improper solutions may result in lens damage and/or eye irritation.
- The adaptability of your eye is the key factor in determining wearing time. Do not exceed the wearing schedule we have prescribed for you.
- To order your contact lenses, you may call the office at (512) 863-4400 **EXT 24** or email contactlenses@georgetowneye.com.

*****Please follow these instructions for successful contact lens wear:**

- 1.) **DO NOT: OVER WEAR LENSES, SWIM IN YOUR LENSES, RINSE OR STORE LENSES IN WATER & DO NOT SLEEP** in your lenses unless, you have been specifically prescribed a lens that is made for extended wear.
- 2.) **Remove your contact lenses if:**
 - You experience a decrease in vision
 - Your eyes are red, irritated or have discharge
 - The lenses have any imperfections such as tears or holes
- 3.) **Discard** your lenses as prescribed by the doctor.
- 4.) **Replace** your contact lens case at least every 4 months.
- 5.) **BE SURE YOU HAVE A CURRENT PAIR OF PRESCRIPTION GLASSES.**

Patient Signature: _____

Date: _____