

Stamford Ophthalmology

CONTACT LENS AGREEMENT

Comprehensive Eye Exam

Before you can be fit with contact lenses, a complete medical and refractive eye examination is necessary. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent successful contact lens wear.

Initial Contact Lens Fitting and Training Session

The goal of a contact lens fitting is to find the most appropriate lens for your optimal vision and comfort. We are committed to taking the time and effort to fit your contact lenses properly. You will be provided with personalized instruction concerning the safe care and usage of contact lenses. A contact lens fitting does not have to be performed on the day of the comprehensive exam, but must be done within 60 days.

Spherical fit: \$200

Astigmatic (Toric) fit: \$215

Bifocal /Monovision fit: \$230

Annual Contact Lens Check

A contact lens prescription is valid for one year as mandated by federal law. In order to update the contact lens prescription, all patients will need a yearly examination. This is important to assure that your eyes are healthy and the contact lenses are fitting well. **Contact lens prescriptions cannot be renewed without an annual exam.** Contact lens exams have a separate charge and are NOT included in your annual exams.

Annual Contact lens evaluation: \$80

If contact lenses need refitting:

Spherical fit: \$100

Astigmatic (Toric) fit: \$115

Bifocal/Monovision fit: \$130

Contact Lens Ordering

After the initial fit, we will gladly order your contact lenses over the phone with a credit card and they will be shipped directly to you. Contact lenses that are ordered and then cancelled or not picked up in a timely manner (within one month of being ordered) are subject to a \$20 cancellation fee.

Recommendations

You should always have a pair of backup glasses that you feel comfortable wearing. If you get an eye infection or other type of eye complication, you may be instructed not to wear your contacts and would have to wear an up to date pair of glasses.

Payment

Fees for the initial fit, refitting and annual contact lens exams are due at the time of service. Full payment is required for all contact lens orders.

These policies are subject to change at any time without notice.

Patient/Guardian Signature: _____ Date: _____