



## The Comprehensive Eye Examination

Before being fit into contact lenses, each patient must undergo a thorough ocular examination that evaluates several things, including the spectacle refraction and eye health. This evaluation will allow the doctor to determine if the patient will be a good candidate to wear contact lenses. This is required by anyone seeking to wear contact lenses but is separate from the contact lens evaluation.

## The Contact Lens Evaluation

Contact lenses are medical devices regulated by the FDA and therefore must be assessed on a yearly basis to ensure optimal vision, proper fit, and healthy eyes. All contact lens prescriptions expire one year after the evaluation. This is a federal requirement and we are obligated to adhere to it. The contact lens evaluation is an additional service and is usually not covered by medical or vision insurance. This fee will be required annually when renewing a contact lens prescription and the cost will vary based on the type of lens required by the patient's visual demands, ocular health, and lifestyle.

### The contact lens evaluation includes:

- Trial contact lenses, if necessary
- Samples of contact lens solution and cases
- Follow-up visits for contact lens adjustments for 90 days
- Insertion and removal and proper care training for new contact lens wearers.

### The contact lens evaluation does NOT include:

- Contact lenses supply (cost will vary depending on the type of lens)
- The comprehensive eye examination and/or medical office visits
- Contact lens appointments after 90 days.

At Truesight Vision Center, we are proud to offer the latest advances in contact lenses to meet your lifestyle. We fit a variety of lenses, including soft and gas permeable, spherical, toric, multifocal, and even lenses that correct for certain eye diseases such as keratoconus. In addition to providing our expertise to help patients achieve optimal vision through the use of contact lenses, we also offer:

- Convenient home delivery and free shipping on year supplies of contact lenses
- Rebates off the contact lenses
- Discounts off glasses when purchasing a year supply of contact lenses.

I have read and understand all of the above contact lens evaluation policy.

Patient Name (Print): \_\_\_\_\_

Legal Guardian Name (Print): \_\_\_\_\_

Signature of Patient/Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_