

STONE OAK OPHTHALMOLOGY CENTER

Kristin Story-Held, M.D. * Allison Paige Young, M.D.

Stone Oak Ophthalmology * 325 Sonterra Blvd. Suit 100 * San Antonio, Texas 78258

Telephone: (210) 490-6759 * Fax (210) 490-6507

CONTACT LENS POLICY

All of our patients requesting evaluation for contact lenses will be examined by the ophthalmologist in addition to testing for a contact lens fitting. This is done in your own best interest to be certain that there is no medical contraindication to wearing contact lenses or any other problem that might be detected unrelated to contact lens wear. You will also be referred back to the ophthalmologist for a yearly examination and if at any time your condition warrants a medical exam.

Virtually all types of contact lenses will be available for fitting and we will make every attempt to conform to your wishes. However, we will recommend the contact lenses that will give you the best vision possible and fit your individual lifestyle.

Contact lens fitting fees vary depending on the type of contact lens you are fit with. The contact lens fitting fees include the following:

- A. Complete contact lens fitting.
- B. Patient training of contact lens insertion and removal techniques.
- C. Contact lens evaluations and follow-up care for 60 days from the **INITIAL** contact lens exam.
- D. Lab changes and modifications of new contact lens for 60 days from the **INITIAL** contact lens exam. If a power change is required. This does not include a change in tint or upgrade in contact lenses.
- E. The contact lens trials and training for care of the lenses.
- F. Your initial care kit.

***Professional fees paid for contact lens fittings are non-refundable.** Contact lenses are purchased separately and in the case of soft contact lenses any boxes purchased must be returned **unopened** and with **a non-expired expiration date** to receive credit. Gas permeable contacts must be returned in good condition, lost or damaged gas permeable contact lenses are not refundable.

PATIENT AGREEMENT

I am aware of other alternatives for the correction of my vision other than contact lenses. Even with proper care there are risks to wearing contact lenses, which include:

Soft lenses- irritation from solutions or protein build-up, conjunctivitis, corneal vascularization and severe and potentially blinding corneal infections and loss of eye.

Rigid lenses- intolerance, corneal swelling and or ulceration, corneal warping, change in shape of the cornea causing problems seeing well with glasses and irritation from chipped or broken lenses.

Extended wear contact lenses- we do not recommend overnight wear of any contact lenses. Risks include significantly increased risk of corneal ulcer and infection and severe and potentially blinding corneal infections and loss of eye. "Extended wear does not imply "continuous wear".

- ◆ I acknowledge that I have been properly instructed in the care of my contact lenses. I also understand that if I do not follow the instructions given for the care of my lenses, I put

myself at risk to develop infections that can lead to the loss of vision or even the loss of an eye.

- ◆ I also understand that poor care of my lenses may make them uncomfortable and not wearable and may increase the cost of my contact lens wear. I understand the fragility of contact lenses and that there is no warranty against damage of the lenses. Also, I have been instructed and have practiced insertion and removal of my lenses. (If applicable)
- ◆ I understand that this contact lens prescription is valid for replacement lenses for **ONE YEAR** and that an annual eye and contact lens examination will be required to update this prescription for replacement lenses after one year. I understand that if I do not have an exam after one year, then my risk of infection, discomfort, or ruined lenses becomes greater as time passes.
- ◆ To reorder contacts, call the contact lens department. Leave your name, daytime phone number, number of contact lenses you are ordering, the eye you are ordering for, and color of contacts. Please leave credit card information for the prepaying of contact lens orders. Leave the credit card holders name, credit card number, and expiration date on the card. They usually take 3-7 working days to come in, unless we have them in stock in our office. Special order contact lenses can take longer. We will contact you when we receive your lenses.
- ◆ I understand that it is normal if at first:
 - My lenses itch or feel unusual.
 - I feel one lens more at times.
 - My vision seems fuzzier than with glasses.
 - One eye sees better than the other.
- ◆ I will remove my lenses and call the office if:
 - I develop unusual pain or redness.
 - I experience decreased vision that does not get better.
 - I suspect something is wrong.
- I understand that full payment is expected at the time a contact lens fitting is performed.
- We are pleased that you have chosen Stone Oak Ophthalmology for your contact lens care and look forward to a very pleasant experience with you.

Patient Signature or Patient's Guardian

Date

*Prices Subject to Change.