

**East Windsor Eye Care
104 Hickory Corner Road, Suite 203
East Windsor, NJ 08520
Dr. Priyam Patel
Dr. Pooja Sheth**

Contact Lens Consent

At the request and consent of _____, Dr. Patel/Sheth will be performing a contact lens fitting.

This involves developing a prescription of optical and physical characteristics of a contact lens, combined with medical supervision of adaptation of corneal lens, in one or both eyes. The patient understands that the wearing of contact lenses is **neither completely safe nor benign** and requires periodic evaluation. The patient has been advised of the dangers and possible loss of vision due to complication of contact lens wear.

The patient is aware that their contact lens prescription will be valid for up to **one year** barring any medical complications preventing contact lens refills. After this period, a comprehensive eye exam and contact evaluation must be completed before the contact prescription can be renewed. **Contact lens fittings have a separate fee** depending on the patient's contact lens prescription; this is due to the doctor having to evaluate the best contact lens to fit your eyes and prescription requirements. **Fitting Fee is non-refundable and must be paid at time of fitting.** Should the patient decline the contact lens fitting, they are aware they only have within **thirty days** to come back and be evaluated. And at that time, contact lens evaluation fee must be paid.

FIRST TIME WEARERS:

First time wearers must go through a training process, in which they must successfully and remove lenses twice before they are allowed to leave with trial lenses. **Contact lens trainings will be performed with the patient and trainer only**, this is to avoid any outside interruptions, and trainers must have the trainee's full attention in order for a successful outcome. Each class is a 15-minute session to avoid irritation to the patient's eyes. Contact fitting fee must be paid **regardless** of the outcome. If trainee is unable to successfully insert and remove lenses, they can schedule another training during a designated training time within thirty days of initial eye exam.

I, _____, have **ELECTED** to have a contact lens fit and I understand the training and fitting process involved and that I am responsible for the fees involved.
(patient or guardian name)

Patient or Guardian signature

Date

I, _____, **decline** the contact lens fitting, and I am aware there will not be a contact lens prescription assessed. I am also aware that I only have within thirty days of initial exam to come back and be fit with contact lenses and will be responsible for fitting fee at that time.
(patient or guardian name)

Patient or Guardian signature

Date