

Contact Lens Fitting Agreement

I understand that I must have a comprehensive eye examination at a fee of \$95.00 for new patients and \$85.00 for established patients before contact lenses will be fitted.

The fee for the contact lens evaluation and follow-up depends on exam results and the type of contact lens which I will be fit. The fitting fees are as follow:

Spherical Contact Lens Fit	\$55.00
Toric Contact Lens Fit	\$55.00
Monovision or Multifocal Fit	\$75.00
RGP	\$100.00

This fee will include all follow-up visits, if necessary, for **45** days. After the initial fitting period of **45** days, all professional services will be billed at usual and customary fees.

I understand that the fitting fee does not include the cost of lenses; however, complimentary trial lenses will be given on all disposable contact lens fitting to ensure proper fit and vision. Contact lens prescriptions will only be released after the initial fitting period is complete and all fees are paid. Our doctors' goals are to achieve the best fit possible for each patient, and most patients are able to wear the assigned lenses successfully; however, a successful contact lens fit cannot be guaranteed.

I acknowledge that I have read and fully understand the terms of this agreement. Please SIGN AND DATE.

Patient or Parent / Guardian Signature

Date

Please Note: If you have had a comprehensive eye exam by another eye doctor in the last **12** months the results from that exam may be substituted for a full exam with our doctors; however, the records of the examination must be released to and received by our doctors prior to the fitting for the full examination fee to be waived.