

Brazos Eye Center

Contact Lens Policy

Contact lens exam fees vary based on your prescription and the type of lenses that your doctor decides is best for you.

Your contact lens exam fee is in addition to the eye examination fee and includes:

- Assessment of visual needs and expectations relating to contact lens wear
- Evaluation and determination of prescriptions and eye health in regard to contact lens wear including tear film and cornea curvature
- Diagnostic trial lens fittings
- Follow-up contact lens examination to monitor eye health, prescription accuracy and appropriate fit **within a 60-day period**
 - ❖ *The all inclusive fee for 60 days of contact lens follow-ups is only for **HEALTHY eyes with no ocular problems**. If certain ocular conditions such as ocular allergies or dry eyes need to be treated in addition to the contact lens follow-up visit, there is a **separate office visit charge for this**.*
 - ❖ *Follow-up visits and other contact lens-related services performed after the 60-day follow-up period are subject to normal office visit charges, starting at **\$55.00**.*

The contact lens exam fee does not include:

- Contact lenses themselves
 - Your comprehensive eye examination
 - Any medical visits not directly related to contact lens wear
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- Diagnostic lenses are not your final contact lenses. Please schedule and attend follow-up visits in order for the doctor to finalize your contact lens prescription. Insert your diagnostic contacts at least one hour before your visit.
 - Contact lens and glasses prescriptions expire one year from date of the initial examination.
 - You are recommended to have a pair of back-up glasses in the case of an eye infection, lost or torn contacts, and the daily necessity to rest your eyes from contact lens wear.
 - Proper care and disinfection of your contact lenses are very important. Without proper care and cleaning techniques, contact lens wearers run the risk of having eye infections and corneal ulcers. These risks are increased by over-wear. If you experience prolonged itching, changes in vision, severe redness, eye pain, discharge, increased light sensitivity or any other unusual eye symptoms, please remove your contact lenses and contact our office as soon as possible.

I have read and understand the Contact Lens Policy as stated above. I understand that my compliance with contact lenses is of the utmost importance in the health of my eye.

Patient/Guardian Signature

Date