



DEAN AMUNDSEN, O.D.  
ADVANCED VISION CARE

## **CONTACT LENS POLICY**

Advancements in contact lens technology offer the potential of successful contact lens wear to most of our patients. A contact lens is a medical device in contact with the tissues of your eye; therefore, it must fit appropriately to maintain the health of your eyes. A contact lens prescription can only be determined by the careful observation of the lens on the eye and the eye's response to the lens on follow-up visits. *Since follow-up care is essential, it is your responsibility to keep appointments and follow all lens care instructions.*

### **THE COMPREHENSIVE EYE EXAM**

Before a patient can be fit with contact lenses, a complete medical and refractive eye examination is necessary. This exam is critical to assure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use.

### **CONTACT LENS FITTING AND CORNEAL EVALUATION**

The goal of contact lens fitting is to find the most appropriate contact lens to optimize each patient's vision, comfort and eye health. An enormous variety of types, materials, sizes and colors are offered. We are committed to taking the time and effort to fit your contact lenses properly. Although many patients will need only one fitting session, sometimes this process requires several appointments. In our experience, the extra time, effort and patience are well merited by both your ultimate satisfaction and the health of your eyes. All patients being fit into contacts for the first time must go through the fitting process. We will not finalize the contact lens prescription until both the patient and the doctor are satisfied with the fit and visual acuity of the contact lens. We will provide one set of trial lens. If any additional lenses are necessary, there may be a dispensing fee to cover the cost of the handling of the lenses. Any patients who are changing lens brands must also have a new fitting. A contact lens fitting does not have to be performed on the day of the comprehensive eye exam and can be performed in an additional appointment slot.

### **CONTACT LENS TRAINING SESSION**

The patient will be provided with personalized instruction concerning the safe care and usage of contact lenses. If additional time is needed, it will be necessary to schedule a second 30-minute training session at a different time. Upon completion of successful insertion and removal, the patient may begin wearing the contact lenses and we will schedule the first follow-up appointment within two weeks.

### **FOLLOW-UP APPOINTMENTS**

Follow-up appointments are necessary to assure several things:

1. The contact lenses are fitting and moving well
2. The prescription is providing the best possible vision
3. The eyes are remaining healthy
4. There are no problems with insertion or removal
5. The patient understands and complies with the recommended wearing schedule and lens care regimen
6. Prescriptions will NOT be written for patients who do not keep follow up appointments

There is no charge for follow-up visits during the first 6 months.

Patient/Guardian initials \_\_\_\_\_ Date \_\_\_\_\_



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### ANNUAL CONTACT LENS AND CORNEAL EVALUATION

A contact lens prescription is valid for one year. All patients are required **by law** to come in for an annual contact lens exam and corneal evaluation before a contact lens prescription can be renewed. This is necessary to assure that the patient's eyes are healthy and the contact lenses are still fitting well. Contact lens prescriptions cannot be renewed without an annual exam. Contact lens exams have a separate charge and are NOT included in your medical exams, due to extra time effort and liability that we incur in order to fit you with lenses.

### CONTACT LENS FEE POLICY

Our contact lens evaluation fees begin at \$83. This charge is in addition to the cost of the comprehensive exam. The evaluation fee, which includes follow-up care within the first six months, is determined by the type of lenses prescribed, the difficulty of the fit, and whether or not the patient is a first time contact lens wearer. ***THIS FEE IS NON REFUNDABLE AND DUE AT THE TIME OF SERVICE.*** We can discuss lens options and prices in more detail once the initial examination is completed. Patients who do not wish to proceed with contact lenses during the fitting period may be refunded some of their evaluation fee during the first three months on a prorated basis.

The fitting fee includes:

- ❖ The contact lens fitting
- ❖ Follow-up visits up to 6 months
- ❖ Lens changes if necessary, though the patient is responsible for any difference in cost of the contact lenses

The fitting fee does not include:

- ❖ Contact lenses (Costs will vary depending on type of lens prescribed)
- ❖ The comprehensive eye exam
- ❖ Medical visits, whether or not they are directly related to Contact lens wear
- ❖ Contact lenses related follow-up visits after 6 months

### PAYMENT

Fees for the comprehensive exam, contact lens fitting, or annual contact lens checks are **due at the time of service**. There is a 50% deposit required for all contact lens orders, with the exception of trial lenses. All specialty lenses are ordered with a warranty to guarantee they are returnable within 90 days. Patients who miss follow-up visits should be aware that some lenses may not be returnable after 90 days and thus may be subject to supplemental charges if they choose to continue their fitting. We accept cash, checks, VISA and MASTERCARD. After the initial fit, we will gladly order contact lenses over the phone with a credit card as long as the prescription is valid.

### REFUNDS

**There will be no refund on custom lenses, opened boxes of lenses, or colored lenses because of dissatisfaction with the color.**

If, however, the doctor decides to discontinue the patient's contact lens use, a full refund can be offered by some manufacturers for unopened and unmarked contact lenses, but is not guaranteed. There will be **NO** refund for professional services that have already occurred.

I have been given a copy of the Dr. Amundsen's Contact lens Policy and had an opportunity to ask any questions regarding the office Contact lens policy

Signature of Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_



## **CONTACT LENS CARE and WEARING GUIDE**

Contact lenses are among the safest forms of vision correction when patients follow the proper care and wearing instructions provided to them by their eye doctor. However, there have been reported cases of vision loss in those wearing contact lenses. The risk of complications from lens wear is significantly increased in patients that do not use lenses as directed. Contact lenses and the solutions used with them are medical devices and are regulated by the Food and Drug Administration; therefore we feel it is extremely important that our patients maintain regular appointments to ensure they are receiving clinical guidance from our office based on individual eye health needs and information, lenses and care based on the latest research findings. Exercising optimal care and hygiene with contact lenses can keep the eyes healthy.

### **Contact Lens Care and Wearing Recommendations**

1. Always wash your hands before handling contact lenses.
2. Always make sure contact lenses are not inside out before insertion. The edges should "roll up" at the lens profile. If the edges are flared slightly the contact may be inside out. An inexpensive magnifier can be very helpful with this evaluation.
3. Wear lenses for 4 hours on the first day and you can increase wear by 1-2 hours each day to a full waking day provided the vision remains clear, your contact lenses remain comfortable, and your eyes are not unusually red.
4. After removing contacts clean them properly and place in contact lens case, using new solution every day. Lenses should be stored at least 4-6 hours for complete disinfection (except for one day disposables).
5. Do not allow soft lenses to come in contact with water. Use only solution that is compatible with soft contact lenses.
6. Do not sleep in contact lenses unless you have been fit with contacts specifically designed for this if you desire to sleep in your contact lenses please discuss this with the doctor.
7. Store lenses in the proper lens storage case and replace the case at a minimum of every three months. Clean the case after each use and thoroughly clean the lid of the case at least one time per month, keep the case open and dry between cleanings.
8. Use only products recommended by our office to clean and disinfect your lenses. Saline solution and rewetting drops are not designed to disinfect lenses.
9. Always follow the recommended contact lens replacement schedule prescribed by Dr. Amundsen.
10. Remove contact lenses before swimming or entering a hot tub.
11. We recommend keeping your regularly scheduled contact lens and eye examination appointments.

I have reviewed the **11 steps to contact lens care and wearing recommendations** and had an opportunity to have any questions answered.

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## Adaptation to Contact Lenses

Some symptoms are normal for the first couple of weeks of lens wear. These symptoms include, mild sensitivity to light, a slight headache, foreign body sensation, dryness, and mild itching. These symptoms should clear up when all-day wear is achieved. If your symptoms seem more than mild discontinue your lens wear and call the office immediately for advice.

**ABNORMAL SYMPTOMS** include persistent pain, burning and excessive tearing, redness that does not clear up, hazy vision that remains more than one hour after removal, and abnormal sensitivity to light. If these symptoms occur at any time, you should remove the lenses and call our office ((805) 482-1136).

**NOTE: Do not sleep in your lenses unless specifically evaluated for overnight wear lenses.**

Should you fall asleep in your lenses, be sure to lubricate them well to loosen them before removal. Once the lens is moving freely on the eye, it can be removed. If only minor discomfort or a dry feeling exists, you can resume normal wear in 24 hours. If abnormal symptoms exist, contact our office.

**If you sleep in your contact lenses** please be advised that sleeping in any type of contact lenses has been associated with increased risk of corneal infection which on rare occasion has been sight threatening. This risk can be minimized by following proper lens care regimens, wearing schedules and follow-up care in our office. If you have symptoms of pain and unusual light sensitivity that last more than one hour call our office immediately.

## CLEANING SOLUTIONS AND REWETTING DROPS

There are different types of cleaning solutions available. We will provide you with the best solution for your needs.

The solutions recommended for you are: \_\_\_\_\_

Rewetting drops may be important for lubricating the eye and keeping the contact hydrated. To promote comfort, the lens must be well hydrated. Rewetting solutions also keep debris from building up under the contact lens. Frequency of rewetting drop use varies from patient to patient. If you do a lot of close work, such as reading or working on a computer, you may experience more dryness because of the reduction in blinking. Certain medications such as antihistamines, diuretics, and birth control pills can contribute to dryness as well. **Do not use an eye drop that is not specified for contact lens use.**

## REMEMBER:

**Your compliance with the above is importance to be successful with contact lens wear and to avoid any unnecessary trauma to the eye. Please contact our office ((805) 492-1136) with any questions or concerns about your contact lenses at any time.**

**I have read and understand the Contact Lens care and wearing guide. I have been explained how to care for my lenses and handle them. All of my questions have been answered and I have received copies of the above information.**

Signature of Patient/Guardian \_\_\_\_\_ Date \_\_\_\_\_