

CONTACT LENS INSTRUCTIONS

CONTACT LENSES ARE CLASSIFIED AS MEDICAL DEVICES BY THE FDA AND HAVE THE POTENTIAL TO HARM YOUR EYES AND/OR RESULT IN COMPLETE VISION LOSS. IT IS IMPORTANT THAT YOU UNDERSTAND AND FOLLOW ALL INSTRUCTIONS COMPLETELY AS THEY ARE WRITTEN.

LENS CARE : Wash your hands with a non - oil based soap and thoroughly dry hands before handling lenses. Place lens in the palm of your hand and place 5-10 drops of solution on the lens, then gently rub the lens on each side for 15 seconds. Rinse the lens with additional solution and place contact lens in your lens case filled with fresh solution. Leave lenses in the closed lens case for at least 6 hours. Before wear check the lens for tears before insertion. Make sure the lens is on the correct side before insertion. **Never wear a damaged or torn lens.** After inserting contacts into eye, discard remaining solution, then rinse contact lens case with contact lens solution ONLY (not water). Leave case open to air dry when not in use. Change contact lens case every 3 months.

CL PRESCRIPTION: A contact lens prescription will be provided at the end of the fitting process only after all follow-ups are completed. The release of your contact lens prescription, good for one year from your initial fitting date, is conditional on you following the recommended care guidelines as described here and returning for any required evaluations to monitor your eye health and condition of your contact lenses.

DO NOT SLEEP IN YOUR CONTACT LENSES UNLESS INSTRUCTED TO DO SO BY YOUR DOCTOR. DO NOT SWIM/HOT TUB OR SHOWER IN YOUR CONTACTS. DO NOT WEAR YOUR CONTACTS IF YOU DO NOT FEEL WELL.

NORMAL SYMPTOMS: It is normal to experience some lens awareness, mild itching or irritation or dryness. Overall your eyes should be **clear, comfortable** and **see well** while wearing your contact lenses.

ABNORMAL SYMPTOMS: If you experience pain, severe redness, blurry vision, or anything that does not feel normal to you, **please discontinue your lens wear immediately and call our office or come in.**

GLASSES: A pair of updated glasses is recommended in case of emergency or if you are unable to wear your contact lenses for any reason, such as an eye infection, and so that you can avoid over-wearing your contact lenses.

SPECIFIC INSTRUCTIONS THAT APPLY DIRECTLY TO YOU

SOLUTIONS: It is very important to use the proper solutions for your eyes and your specific type of lens. Use only the solution brand given to you by your doctor. Do not switch solution brands as they contain different preservatives and cleaners and if used improperly can cause irritation to your eyes or damage to your lenses. Use fresh solution every day to disinfect your contacts. SOLUTION REQUIRED _____

WEARING SCHEDULE:

___ **New wearer:** If your eyes are comfortable, wear your contact lenses 4 hours on the first day and increase wearing time by 1 hour each day until you are able to wear them comfortably for 8-10 hours.

___ **Established wearer:** Wear your contacts a maximum of 12 hours, unless otherwise instructed.

WEARING TIME: The wearing life of contact lenses varies by type and depends on a proper care regimen. Dispose of your lenses when your doctor instructs you to and do not wear them for longer than the period instructed.

___ **2 WEEK DISPOSABLE** ___ **1 MONTH DISPOSABLE** ___ **OTHER:** _____
___ **APPROVED for overnight wear** ___ **NOT APPROVED for overnight wear**

INSERTION AND REMOVAL CONSENT

___ I have completed the contact lens insertion, removal and care training session.

___ I have worn contact lenses in the past and fully understand how to insert, remove and properly care for my lenses.

FOLLOW-UP: RETURN FOR FOLLOW-UP IN _____ **WEEKS/MONTHS.** Please come in wearing your contact lenses for at least 4 hours. **If you fail to return for your follow-up appointment, you WILL NOT be given a contact lens prescription.**

If your care requires more than 3 months care, fees of \$25.00 per visit will apply.

I have read and I understand the instructions on the care and use of my contact lenses. I understand that I must return to the doctor for a follow-up examination if instructed to do so after my contact lenses have been dispensed to me. I have been informed of the necessity for yearly examinations to monitor my eye health and condition of my contact lenses. It is my understanding that improper use and inadequate care of contact lenses can cause eye irritation, infections, corneal injury and vision loss. I know that if I do not return to the Doctor as instructed or if I misuse my lenses, the Doctor, the opticians, and the contact lens manufacturer cannot be held responsible for any damage that may occur and ADDITIONAL EXAMINATION FEES WILL APPLY.

Name: _____ **Signature** _____ **Date** _____