DOCTOR EYECARE CENTER
NEW PATIENT INFORMATION

We appreciate your choice of our office for your contact lens needs. Contact lens wear can improve the quality of your life. However, you must take proper care of your lenses and know what to do in the event of a problem. This information sheet provides important instructions and information. Please read it completely, keep it handy and refer to it if you have any questions.

EMERGENCY INFOMATION

- Call our office for assistance if you experience any of the following:
  - EYE PAIN
  - SENSITIVITY TO LIGHT
  - REDNESS OF YOUR EYES
  - EXCESSIVE TEARING OR DISCHARGE
  - CLOUDY, FOGGY OR REDUCED VISION
- In an emergency we can be reached at (555) 555-1234, 24 hours a day.
- Periodic examinations are a necessary part of maintaining an appropriate and safe contact lens fit. You should return for all scheduled periodic examinations as recommended by this office.
- Different types of lenses have varied risk. Although the risks associated with contact lens wear are small, they are still real. For example: lenses worn overnight have a higher risk of complications than do lenses removed on a nightly basis.
- I understand that methods available to correct my vision include:
  ☐ Soft Lenses ☐ Rigid lenses ☐ Spectacles ☐ Refractive Surgery ☐ No correction

LENS WEAR SCHEDULES AND REPLACEMENT INFORMATION

- Contact lenses are medical devices that are regulated by the U.S. Food and Drug Administration and may additionally be subject to state law requirements. Maintaining healthy eyes and proper vision includes regular periodic examinations by an eyecare professional. As with prescription medications, contact lenses can only be dispensed pursuant to a prescription of an eye care practitioner.
- Your lenses are designed to be worn on the following schedule:
  ☐ Daily wear, up to _____ hours with removal before sleeping
  ☐ Continuous wear up to _____ nights
- Your lenses are designed to be replaced on the following basis:

☐ daily ☐ weekly ☐ biweekly ☐ quarterly ☐ every ☐ months ☐ yearly ☐ _____

IMPORTANT: Wearing your lenses beyond this schedule may expose you to additional risk. If you chose to purchase replacement contact lenses elsewhere, please be advised that your contact lens wear schedule, care regimen, lens replacement cycle, and periodic examinations will remain unchanged.

LENS CARE

- To a large extent, lens wear success will depend on carefully following the care instructions we reviewed, and following common-sense instructions concerning hand-washing prior to lens handling and lens case cleaning or frequent replacement.

- To best meet your needs we have recommended the following lens care products:
  ☐ Care System: _____ ☐ Contact Lens Cleaner: _____
  ☐ Rewetting Drop: _____ ☐ Other: _____

IMPORTANT: Always care for your contact lenses as instructed. Do not change care products unless you are specifically instructed to do so by our office. Different products are not equivalent - please do not substitute. Please call if you have any questions about lens care.

ONGOING SUCCESS
Professional care does not end with the dispensing of your final lenses. Ongoing success requires ongoing care. In order to maximize success we recommend the following:

- A periodic contact lens and eye health examination as recommended for you
- Use of UV absorptive sun wear for all outdoor activities
- An up-to-date pair of eyeglasses

CONTACT LENS PRESCRIPTION
Successful contact lens wear requires a several week period of adaptation and observation. Once the fit of your lenses has been assured, a copy of your contact lens prescription may be provided to you. You may purchase replacement lenses from anyone you choose during the life of your prescription. In considering this decision we would like to emphasize our own competitive replacement service. Ask about our convenient replacement options and compare our pricing for popular brands. For example;

	Our Price	Leading Internet Seller Price
_____		
_____		
_____		
_____		

Whatever your choice, we appreciate your choosing us for your professional eye care needs and look forward to serving you in the future. Your prescription will expire in _____, at which time we will need to see you for an examination to assess the health of your eyes. You may wish to make your appointment before leaving the office today to assure you don't run out of lenses.

ACKNOWLEDGEMENT
I have read this document carefully, and fully understand the importance of the doctor's recommendations.

I have been trained in the care and handling of my contact lenses. I understand the policies of this office and understand that I am free to purchase lenses from a dispenser of my choosing. I understand the importance of following all directions, caring for my lenses as instructed and returning for all recommended, periodic examinations.

I have been given the opportunity to have all of my questions answered and concerns addressed.

_____	_____	_____
Patient Signature	Date	Doctor/Assistant Signature