

## **Reed Optometry**

Dr. Jason Reed

9300 S IH 35 Ste. C100, Austin, TX 78748, Office Number: (512) 693-2020

### **Contact Lens Wearer's Agreement**

Thank you for choosing Reed Optometry. We would like to inform you of our office policy regarding contact lens care.

Proper care, handling and routine eye exams are necessary for successful contact lens wear. Situations may influence experience with wearing contact lenses, such as allergy medications, oily tears, lack of sufficient tears, improper lens care and failure to return for progress evaluations. The wearer is responsible for learning the proper care and handling of the lenses from the doctor and also for reading all the manufacturer information.

The contact lens wearer is responsible for returning to the doctor for follow-up care and for routine eye examinations every 12 months or sooner if necessary. Routine exams may consist of basic eye exam to a complete refitting if sufficient change has occurred. Types of contact lenses and care products are at the sole discretion of the doctor.

Contact lenses are a visual medical device. Improper use, wearing unclean lens, unsterilized lenses or lenses that have an irremovable film can cause permanent eye damage or result in vision loss. Extended wear (sleeping in contacts) versus daily wear and cleaning has been shown to increase the risk of eye infections by 5-7 times. Eye infections can lead to serious complications including permanent vision loss, and/or loss of the affected eye. Any time your contact lenses become uncomfortable, your eyes become red, sensitive to light or irritated, you will immediately remove them and contact your optometrist. Failure to do so relieves your optometrist of any responsibility.

The contact lens exam includes the comprehensive exam, the follow-up visit, and 2 progress visits, if needed, within a 3-month time frame, per doctor's instruction.

I understand that the examination and contact lens fitting fees are non-refundable.

I have received care and cleaning instructions for my lenses and full care kit. I understand that I should not change brands without first checking with the office.

I understand that my prescription is good for a maximum of 12 months. After 12 months a full exam will be required to receive any replacement lenses.

I understand that it is important for me to keep appointments for progress evaluations and I agree to keep all progress evaluations. The purpose of these evaluations is to assure proper fit of the lenses and continued good health of my eyes. My doctor is relieved of any responsibility should I fail to keep my appointments.

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Patient/Guardian Signature

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Date

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# Contact Lens Tips Sheet

- Wash hands before handling lenses
- Never reuse disinfecting solution
- Never wet your lenses with your saliva
- Do not use tap water to clean or store your lenses
- Always have current eyeglasses and a spare pair of contact lenses available
- Keep your storage cases clean
- Develop a habit of removing and inserting right (or left) lens first and check to make sure that the lenses are not inside out
- Always dispose of your disposable lenses on schedule
- Do not put medications in your eyes while wearing contact lenses
- Avoid wearing your lenses around chemical fumes
- When handling your lenses, do not use soaps that contain lotions, creams, perfume or lanolin
- Apply makeup **after** inserting your lenses
- Avoid touching your eyes and contact lenses with your fingernails
- Do not touch the droppers of your solution bottles to anything, including your eyes
- Do not mix or switch brands of solutions or contact lenses
- Do not swim in contact lenses because you could contaminate them
- For extended wearers, use re-wetting drops before going to bed and upon awakening
- Use re-wetting drops when your lenses feel dry and prior to removing them
- Replace contact lens storage cases every 1-3 months
- If you experience sudden change in vision and/or eye irritation then remove your lenses and call our office immediately: (512) 693-2020.

### First Time Wearer's Schedule

Day: One      4 hours  
Two          6 hours  
Three        8 hours  
Four         10 hours  
Five         12+ hours

Solution: \_\_\_\_\_

Replacement Schedule:  1 month  
 2 weeks  
 3 months  
 1 year

Contact Approved: For Extended Wear  
(Sleeping in Contacts)  
 Yes  
 No