

————— T&KEI —————
TERRY & KIM EYE INSTITUTE
 Advancing Eye Care with Research and Compassion

MaryAnne Marcolivio, OD
 Family Eye care &
 Contact lenses

Contact Lens Fitting Consent and Compliance Agreement

Date: _____

Insurance: _____

Patient Name: _____

The contact lens portion of the eye exam is separate from the routine medical exam performed by the doctor. Every year, contact lenses need to be reevaluated to ensure that they are a proper fit and the healthiest option for the patient.

This evaluation fee varies depending on the type of initial contact lenses being fitted or any changes being made to current contacts. At the time of fitting, the patient's needs will be determined by the doctor and the fee will be collected at check out.

These fees cover the yearly initial fitting process and follow up visits up to 3 months, as well as all insertion and removal training times. If there are no follow up visits required and no diagnostic contact lenses given at the yearly reevaluation fitting there will be an annual fitting fee of \$55.

All contact lens prescriptions are valid for one year from date of the final follow up fitting. A written copy of the contact lens prescription will be provided upon completion of all necessary fittings and after all fees are paid in full.

By signing below, I acknowledge that I have read and understand this agreement. I agree to wear my contacts no longer than prescribed by the doctor and agree to properly care for my contact lenses as instructed. I understand the current fee policy and my responsibilities as a contact lens wearer.

Patients signature: _____

1) Lens design: _____ QTY: _____

MATERIAL	BC	POWER	OAD	OZ	COLOR	DOT

1.Lenses: _____

2.Lenses: _____

Subtotal: _____

2) Lens design: _____ QTY: _____

MATERIAL	BC	POWER	OAD	OZ	COLOR	DOT

Ins.
Allow: _____

Bal.
Due: _____

Paid: _____

Disp. by: DR. OPT Verified by: _____

Ordered date: _____ By: _____