

East Windsor Eye Care
104 Hickory Corner Road, Suite 203
East Windsor, NJ 08520

Eye of the Tiger, LLC
205 Quakerbridge Road Suite
Lawrenceville, NJ 08648

Dr. Priyam Patel
Dr. Pooja Sheth

Contact Lens Evaluation Consent

At the request and consent of _____, Dr. Patel/Sheth will be performing a contact lens evaluation.

This involves developing a prescription of optical and physical characteristics of a contact lens, combined with medical supervision of adaptation of corneal lens, in one or both eyes. The patient understands that the wearing of contact lenses is **neither completely safe nor benign** and requires periodic evaluation. The patient has been advised of the dangers and possible loss of vision due to complication of contact lens wear.

The patient is aware that their contact lens prescription will be valid for up to **one year** barring any medical complications preventing contact lens refills. After this period, a comprehensive eye exam and contact evaluation must be completed before the contact prescription can be renewed. **Contact lens fittings have a separate fee** depending on the patient's contact lens prescription; this is due to the doctor having to evaluate the best contact lens to fit your eyes and prescription requirements. **Evaluation Fee is non-refundable and must be paid at time of examination.** Should the patient decline the contact lens fitting, they are aware they only have within **thirty days** to come back and be evaluated. And at that time, contact lens evaluation fee must be paid.

IF YOU'RE A FIRST TIME WEARER:

First time wearers must go through a training process, in which they must successfully and remove lenses twice before they are allowed to leave with trial lenses. **Contact lens trainings will be performed with the patient and trainer only**, this is to avoid any outside interruptions, and trainers must have the trainee's full attention in order for a successful outcome. Each class is a 15-minute session to avoid irritation to the patient's eyes. Contact fitting fee must be paid **regardless** of the outcome. If trainee is unable to successfully insert and remove lenses, they can schedule training during a designated training time within thirty days of initial eye exam.

I, _____, have **ELECTED** to have a contact lens evaluation and I understand the training) and/or evaluation process involved and that I am responsible for the fees involved.

Patient or Guardian signature

Date