

Eye Clinic of Edmonds Contact Lens Policy

*Contact lens fittings or evaluations are NOT a part of your routine eye examination. There are additional testing/measurements the doctors perform to determine the proper lens power and or brands. We will do our best to determine if this is covered by insurance or not, in the event it is not covered we do collect the appropriate fee up front.

Contact Lens Fitting

First time contact lens wearers/New Fits - If you are a first-time wearer, you will need a training appointment to learn insertion, removal, and care of your lenses. Contact lens fits often require follow up visits to ensure the proper fit of the lenses and health of your eye. A contact lens prescription doesn't exist until the doctor deems your fit acceptable after your follow up care. When you return to our office for follow up care it is important to wear your contacts in for the appointment. We require 24 hour notice to cancel any appointment to avoid late charge.

*If you are new to contacts, please slowly increase your daily wear of contact lenses 1-2 hours longer each day. It's important to allow your eyes to adjust to the oxygen deprivation experienced with continual soft lens use.

New Fit	Fees
Soft Spherical Contacts	\$120.00
Soft Toric	\$180.00
MF/Bifocal/ RGP	\$200.00

Contact Lens Evaluation

For patients currently wearing contacts that have an expired prescription or desire to have them evaluated for a prescription change.

Renewals	Fees
Soft Spherical	\$80.00
Soft Toric	\$140.00
MF/Bifocal/RGP	\$200.00

Specialty /Medically necessary contacts	\$300.00
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Do's

Don'ts

Do have regular eye exams	Don't sleep in your lenses
Do carefully follow the start up wearing schedule	Don't use saliva on lenses
Do check your lenses for damage prior to wearing	Don't swim with your lenses on
Do check that soft contact lens is right-side-out when inserting	Don't use only sterile saline to soak your lenses
Do use only approved solutions for contact lenses	Don't touch bottle tips to any surface
Do apply makeup after inserting contact lenses	Don't overwear your lenses

My signature below is acknowledgment that I have read and understand the above instructions and fees pertaining to contact lens use and fitting evaluation. In compliance with the FTC contact lens rule, our practice is required to confirm in writing that you have received your contact lens prescription and that all questions have been answered.

Signature of patient/parent or guardian _____ Date _____