

The Eye Center, Inc.

The Ophthalmologists at The Eye Center have carefully selected the brands of contact lenses that we offer to our patients. The health of your eyes is our primary concern so we use quality lenses supplied from a select group of manufacturers. We are able to provide these contact lenses to you at very competitive prices. The lenses can be sent directly to you for your convenience and there is no shipping charge when you order a year supply of disposable contacts. An initial fitting is necessary for the proper dispensing of all contact lenses. We encourage all of our contact lens patients to have an annual eye examination after your initial fitting. We will give you a free contact lens evaluation and refit at your next eye examination when you purchase a year supply of contact lenses from The Eye Center on that date. A refit charge may apply if a change to a bifocal or specialty lens is required.

Included with the initial contact lens fitting are the following:

1. All measurements to ensure that the lenses properly fit the corneas of your eyes.
2. Trial lenses to determine proper vision, fit, and comfort.
3. Instructions on how to insert and care for your contact lenses.
4. A starter kit of contact lens solutions.
5. Follow up visits for routine contact lens care for a 2 month period.

Contact Lens Agreement

1. Full payment for the fitting fee is required before trial lenses will be given.
2. Completion of the fitting is required before a lens supply can be ordered.
3. We will do everything possible to fit your contact lenses. If you are unable to adapt to the lenses or decide not to wear contact lenses, the fitting fee is non-refundable. However, a refund of the materials fee will be processed for non-specialty lenses returned within 60 days. (unopened and unmarked boxes only) There is no refund on expired lenses.
4. A contact lens prescription cannot be given unless a fitting or refit has been completed.

As always, we are here to serve you. If you have any questions, please do not hesitate to ask.

Patient's Name: _____

Patient's Signature: _____

Date: _____

CL FITTING _____

CONTACT LENSES _____

TOTAL _____