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The ophthalmologists at The Eye Center have carefully selected the brands of contact lenses that we offer 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. An Established Patient Exam fee applies.

Included with the initial contact lens exam:

1. A complete eye exam including refraction (eyeglass prescription).
2. All measurements to ensure the lenses properly fit the corneas of your eyes.
3. Trial lenses to determine proper vision, fit, and comfort.
4. Instructions on how to insert, remove, and care for your contact lenses.
5. A starter kit with a case and contact lens solution.
6. Follow-up visits for routine contact lens care for 2 months.

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 contacts, the fitting fee is non-refundable. However, a refund of the materials will be processed for non-specialty lenses returned within 30 days (unopened and unmarked boxes only) There is no refund on expired lenses.
4. A contact lens prescription cannot be given unless an exam has been completed.

Soft Contact Lens Exams range from \$145.00 to \$250.00
Soft Contact Lens Re-fit Fees range from \$110.00 to \$125.00

PLEASE NOTE: Any applicable insurance benefits can be applied to the charges at check-out

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

Patient Name: _____

Patient Signature: _____ Date: _____