

Contact Lens Compliance Agreement

I am a first time contact lens wearer. I understand that it is my responsibility to seek training on the insertion, removal, and handling techniques of contact lenses.

I have worn contact lenses previously. I am fully aware of the insertion, removal, and handling techniques of contact lenses.

I agree to follow the instructions given to me by this sheet, the doctor, and the dispensing staff. I understand that my cleaning and wearing schedules are very important in maintaining my contact lenses and the health of my eyes. I understand that improper use of my contacts can lead to permanent vision loss. I also understand that by wearing contacts I am increasing my risk for eye infections, allergies, and other eye complications.

I am to remove my contacts immediately and call my eye doctor if:

- 1) Unusual burning, irritation, redness, pain, or watering of the eyes occurs
- 2) Vision becomes blurry
- 3) I suspect something is wrong.

I must build up my wearing time according to the schedule below:

Day 1 After first day, add Up to Until your follow up visit.

My Contacts are:

To Be Removed

To Be Disposed

To Be Cleaned With Follow product instructions.

I have been provided with a sample of:

I am not to change my wearing and cleaning schedule, switch, substitute, or mix contact lens care products without first checking with my doctor.

I also understand that my follow-up appointment is scheduled for

Other

By signing below, I understand and agree to all the terms outlined on this form. I also have received a copy of this form for my reference.

Signature of Patient, Parent/ Guardian

Date