

Contact Lens Fitting Agreement

We want you to fully understand our contact lens policy and the services included in our contact lens fees. Fitting contacts is an individualized and personal procedure. Contact lenses are not the answer to every patient's visual needs, and there is no guarantee that every patient will be a successful contact lens wearer.

Trial contact lenses are dispensed for the evaluation purposes only. You must return per the doctor's instructions for your prescription contact lenses. It is up to you to strictly adhere to the recommended wearing schedule, lens care procedures, and follow-up appointments. Report any unusual problems including blurred vision, redness, watering of the eye, sensitivity to light, eye discomfort or pain to this office and promptly remove your lenses. We cannot be responsible for unsuccessful wear due to patient non-compliance in following recommended routine. If you have any questions at this time, please ask.

Once payment is received, you are entitled to the following services:

1. Dispensing of contacts, care kit, instructional material, and a special training class in the handling care and maintenance of your contacts.
2. Progress evaluation and follow-up care for a period of 3 (three) months.
3. A lens change or modification, if indicated, for a period of 3 months at no charge for lenses purchased at Lowcountry Eye Care.
4. We provide a 30-day trial wearing period. If you choose to discontinue contact lens wear during the trial period, you may return lenses purchased from Lowcountry Eye Care for a credit as follows:
 - a. Vial lenses may be returned for full credit provided lenses are returned in good condition. Damaged lenses may not be returned for credit.
 - b. Disposable lenses may be returned for credit only if the boxes have not been opened. Opened boxes may not be returned for credit.
5. A current prescription for eye glasses and contact lenses.

South Carolina State law states contact lens prescription expires one year from the following date: _____. A valid prescription is necessary to obtain replacement lenses.

I have read the contact lens fitting agreement, all my questions have been answered, and I understand and accept the policies for contact lens patients.

Patient's Signature and date

Dispensers signature and date

Parent/Guardian signature if patient is a minor