Contact Lens Agreement

Bergamo Vision	
Patient Name:	Date:
Proper contact lens care is necessary for successful wea guidelines are provided for you to maximize your succe complications including infection, vision loss, and blind wearing glasses or refractive surgery to correct your vis	ss with contact lenses and to minimize risks of ness. Alternatives to wearing contact lenses include
 Do not ever sleep in your contact lenses unless y Do no swim in your contact lenses or let you cor contaminants in all water that can cause serious 	etrist. Wearing contacts longer than their intended duration
 Immediately remove your contact and see your of sensitivity to light, mucous, pain, or decreased v 	optometrist immediately if you experience redness, irritation, ision. These symptoms can be indications of infection and wear your contacts during an episode of infection. Your
 Make sure you always have a usable pair of back weeks in the case of an infection. Not having ey infection. Always use fresh contact lens solution; Do not recontacts, pour out the remaining solution in the contacts. 	euse, keep, or "top off" solution. After inserting your case and let the case air dry with the caps off.
 Several times a week, wash your case with soap Replace your contact lens case every 3 months to 	and warm water and allow it to dry before use again. a assist in keeping your lenses clean.
 Your recommended contact lens 	cleaning system is:
 Do not use eye drops that advertise "gets the red 	out" (i.e. Visine, Clear Eyes). There are over-the-counter ur optometrist can suggest an appropriate one for you if you
 Your eyes and contacts will need to be assessed. 	again in one year. This is to ensure that your eyes are still that your current contacts and cleaning system are still the
Your contact lens fitting/evaluation cost is \$_days of your initial evaluation. Any additional visits days will be \$25.00 each.	and includes any follow-up visits within 60 needed after what is included in the fit fee or beyond 60
Note: Medical office visits (ex: red eyes, etc) are not separate exam if necessary. Additionally, you are free to you will be subject to their exchange policy.	covered under follow-up visits and will be billed as a bake your contact lens prescription to another retailer, but
	and acknowledge that compliance with these guidelines on-compliance with these guidelines puts one at increased tand the alternatives to contact lens wear and wish to
Patient/Guardian Signature	Date