

SOFT CONTACT LENS INSTRUCTION

INSERTION

- WASH HANDS
- STAND AGAINST THE COUNTER IN ORDER TO PREVENT THE CONTACT FROM FALLING ON THE FLOOR
- ALWAYS START WITH THE RIGHT EYE TO PREVENT CONFUSION ABOUT WHICH CONTACT HAS BEEN INSERTED
- PLACE THE CONTACT LENS ON THE TIP OF THE INDEX FINGER OF THE HAND YOU ARE USING TO INSERT IT
- THE CONTACT SHOULD BE CENTERED ON THE INDEX FINGER
- ALL EDGES OF THE CONTACT LENS SHOULD BE POINTING UP AND AWAY FROM YOUR FINGER LIKE A MINIATURE BOWL
- WITH THE MIDDLE FINGER OF THE SAME HAND HOLDING THE CONTACT LENS, PULL THE LOWER LID DOWN, WHILE BEING SURE TO HOLD THE EYE LID AT THE LASH LINE
- AT THE SAME TIME, PULL THE UPPER LID UP WITH THE MIDDLE FINGER OF THE OPPOSITE HAND
- MOVE THE CONTACT LENS UNTIL IT IS JUST IN FRONT OF THE EYE
- PLACE THE CONTACT LENS ONTO THE EYE AND HOLD THERE FOR A FEW SECONDS TO LET THE TEARS FORM A BOND WITH THE CONTACT LENS
- ROLL YOUR FINGER AWAY FROM YOUR NOSE AND OFF YOUR EYES
- RELEASE THE BOTTOM EYE LID AND GLANCE DOWNWARDS TO SET THE CONTACT LENS INTO PLACE AND THEN RELEASE THE UPPER LID.
- BEFORE OPENING YOUR EYES, YOU MAY GENTLY PAT YOUR EYELID TO HELP SMOOTH OUT ANY AIR BUBBLES FROM BETWEEN THE CONTACT LENS AND YOUR EYE

REMOVAL

- WASH HANDS
- PULL THE LOWER EYELID DOWN WITH THE MIDDLE FINGER OF THE HAND YOU ARE USING TO REMOVE THE CONTACT LENS
- USING THE MIDDLE FINGER OF THE OTHER HAND, PULL THE UPPER EYELID UPWARD
- LOOK UPWARD
- TOUCH THE CONTACT LENS WITH THE INDEX FINGER OF THE HAND YOU ARE USING TO REMOVE WITH AND SLIDE THE CONTACT DOWN TOWARDS THE WHITE PART OF THE EYE
- GENTLY PINCH THE CONTACT LENS WITH THE INDEX FINGER AND THUMB AND REMOVE.

PATIENT NAME: _____ DATE _____

SIGNATURE: _____ ASSOCIATE _____

CONTACT LENS RESPONSIBILITY AGREEMENT

I _____ understand that it is my responsibility to follow the instructions given as per my contact lens care, wearing schedule and follow-up(s). I understand I must not swim, sleep or shower in my contacts. I must wear my contacts for the time prescribed and I understand the trial contacts, as well as permanent contacts are not warranted against loss or damage. Trials will be given only one time unless the Doctor otherwise specifies.

As a new patient with a new fit I must come in for a follow-up(s) within one week, or stay for the required amount of time for the fitting on the same day as my appointment. I understand that any and all follow-ups within the first thirty (30) days will include a one time fit fee varying in price according to the contact lens and/or exam type. After thirty (30) days I understand I must pay \$40.00 for each follow-up visit unless I have a service agreement paid in full, which will cover my office visit as per the service agreement states. I understand that I must have my contacts in for two (2) hours prior to my follow-up appointment. (If you are unable to see clearly or have excessive discomfort, discontinue use and BRING your contacts with you for your follow-up visit immediately if possible or the following day). We recommend you have at least one pair of glasses with your current prescription to keep with you at work or otherwise for the first two (2) weeks in case of any contact lens discomfort.

Patient Signature: _____

Parent or Guardian Signature: _____

(If patient is under the age of 18)

Revised 5/24/11