**CONTACT LENS CARE AND INFORMATION FORM**

### PRODUCTS PRESCRIBED

| Contact Lens: ____________________________ | Rewetting Agent: ____________________________ |
| Replacement Schedule: | 1Day | 2Weeks | 1Month | Other: ____________________________ |
| Daily Cleaner: Complete | Opti-Free | Clear-Care | BioTrue | Renu | Other: ____________________________ |

For first time wearers, the first day one should wear contact lenses for max of 4hrs per day then add + 2hrs + 2hrs. Continue wearing for only 12hrs maximum until you have been given permission to increase wear time.

### FOLLOW-UP VISITS

Follow up visits are essential to successful contact lens wear and optimal eye health. We would like to see you back for a follow-up appointment in about one week. Always come for your follow-up visits wearing the lenses for at least two to four hours, so that the lenses have settled by the time we see you.

Your follow up is scheduled for ____________________________ at ________:_________ am / pm

### CONTACT LENS AGREEMENT

I understand that contact lenses are medical devices and state law prohibits dispensing contacts after one year from the date of the examination. Disposable trial lenses are for fitting purposes only and will be dispensed at the initial fitting exam only. Contact lens prescriptions will be released to the patient after the follow-up period. I understand that not all contact lenses are designed for overnight wear and even when they are approved for overnight wear the risk of infections and vision loss increases. Contact lens examination fees, as with all other professional fees, are non-refundable. Contact lens examinations include up to three follow-up visits for 90 days after the fitting exam. We will schedule your follow-up appointment; however, it is the patient's responsibility to make sure that the follow-up is completed within the 90 day time period. If one fails to keep scheduled follow-up visits during the 90 day period, additional office visit charges will apply and a refit charge maybe necessary.

Patient Signature (Parent if minor) ____________________________ Date ____________________________

### REFUND POLICY

If you are dissatisfied for any reason, lenses may be returned for credit or refunded as long as the boxes are unopened or undamaged within 60 days of purchase.

**DO:**

* Clean the case after each use, by rinsing it with saline or multipurpose solution and keep it open to air dry.
* Keep all solution bottles closed when not in use.
* Keep fingernails clean and short to avoid nicking or tearing lenses and/or scratching your eyes.
* Handle the same lens first to avoid confusing the right and left lenses.
* Put in your contact lens before applying makeup to avoid contaminating the contact lens.
* Have a recent pair of prescription glasses with you at all times in case of emergency.
* Wear UV-Blocking sunglasses over contact lenses when outdoors to adequately protect the eyes from the UV rays.

**DON'T**

* DON'T Use cream soaps. They can leave a film on your hands that can transfer to the lenses.
* DON'T Put contact lenses in your mouth or moisten them with saliva, which is full of bacteria and a potential source of infection.
* DON'T Use tap water to wash or store contact lenses or lens cases.
* DON'T Share lenses with others.
* DON'T Wear the contact lenses if you experiencing excessive redness, pain, tearing, discharge and/or vision fluctuations.
* DON'T Wear lenses for more than the prescribed time.
* DON'T Wear contact lenses in the presence of harmful or irritating vapors or fumes.

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1. **Wash your hands**
   Good hygiene is essential for contact lens wearers, always begin all handling procedures by washing your hands first. Thoroughly wash, rinse and dry hands with a lint free towel.

2. **Preparing for insertion of the contact lens.**
   a. Establish a routine and always start with the **same contact lens**.
   b. Remove the lens from the case, and place it upon your index finger to **inspect** it for debris, nicks or flaws.
   c. Check if the contact lens is right side out, the edges should “roll” up at the lens profile or will be bowl shaped. If the edges are “flared” slightly the contact may be inside out or appear like a saucer shape. Compress the edges between the thumb and forefinger and the edges should be erect or point in toward each other like a taco.
   d. **Rinse** each lens well with a steady stream of rinsing solution immediately prior to insertion. Pay particular attention to the inner surface of the lens which contacts the eye.

3. **Contact lens insertion**
   a. Make sure that your fingers are clean and dry. (Dry fingers facilitate the handling, soft contact lenses tend to stick to wet fingers).
   b. Place the lens on the tip of your index finger.
   c. Using the middle finger of your other hand, pull and hold your upper lid so you cannot blink.
   d. Pull down your lower eyelid, using the middle finger of your inserting hand.
   e. Place the lens gently on the lower white part of your eye.
   f. Pull your finger away slowly and look down into the contact lens.
   g. **Blink gently and make certain that the lens is centered properly and that the vision is good.**
   h. Sometimes, small dust particles trapped behind the lens during its placement can cause discomfort. Slide the lens off and then back onto the front of your eye.
   i. If the lens stings or causes sharp pain, the lens should be removed immediately.

4. **Inserting rewetting drops.**
   Your lubricating drops can be used at any time while the lenses are being worn. They will make your lenses more comfortable when the eyes are feeling dry, irritated or tired.

5. **Removing the contact lens.**
   a. Wash and dry your hands.
   b. While looking up, pull down your lower eyelid with the middle finger of your inserting hand.
   c. Bring your index finger close to your eye until you touch the lower edge of the lens.
   d. Slide the lens down to the lower white part of your eye.
   e. Gently squeeze the lens between your thumb and index finger and remove it from your eye.

6. **Clean lenses and case daily**
   a. Clean your lenses daily.
   b. Follow the instructions given with your care kit.
   c. Fill your case with fresh disinfecting solution and leave the lenses to soak overnight as directed.

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**Recommendations for Contact Lens Wearers from the American Optometric Association**

1. Always wash your hands before handling contact lenses.
2. Carefully and regularly clean contact lenses, as directed by your optometrist. Rub the contact lenses with fingers and rinse thoroughly before soaking lenses overnight in sufficient multi-purpose solution to completely cover the lens.
3. Store lenses in the proper lens storage case and replace the case at a minimum of every three months. Clean the case after each use, and keep it open to dry between cleanings.
4. Use only products recommended by your optometrist to clean and disinfect your lenses. Saline solution and rewetting drops are not designed to disinfect lenses.
5. Only fresh solution should be used to clean and store contact lenses. Never re-use old solution. Contact lens solution must be changed according to the manufacturer’s recommendations, even if the lenses are not used daily.
6. Always follow the recommended contact lens replacement schedule prescribed by your optometrist.
7. Remove contact lenses before swimming or entering a hot tub.
8. See your optometrist for your regularly scheduled contact lens and eye examinations.

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