Magnolia Eye Care
Contact Lens Evaluation Consent Form

All previous and new contact lens wearers require a yearly contact lens evaluation. This evaluation will help us to determine if your eyes are healthy enough to be fit with contact lenses or to continue wearing contact lenses. There are many factors involved in evaluating the health of your eyes for contacts. Even comfortable, happy contact lens patients can suffer from complications that are unknown to them.

- The evaluation fees include all visits related to contact lenses and all diagnostic lenses for a period of 60 days. Any visits beyond the fitting period may require an additional fee.
- Yearly eye health examination, vision evaluation and contact lens evaluation will be required to refill contact lens prescriptions

Expected Charges:

Initial Fitting

- Eye Health and Vision Examination — Cost Based on Insurance
- Diagnostic Contact Lens Fitting — $190-500
  - ❑ Cost depends on the complexity of the diagnostic contact lens fitting
- Insertion, removal, handling and care instructions — $75

Annual Evaluation

- Eye Health and Vision Examination — Cost Based on Insurance
- Contact Lens Evaluation — $150

*We will apply any possible insurance benefits to your contact lens fitting
*All contact lens evaluation and fitting fees are non-refundable.

I understand that the contact lens prescription will be valid for one year and that an annual eye health and contact lens examination will be required to update this prescription. I understand I will have access to my prescription once it is final through the patient portal system. I understand that wearing my contact lenses for more than the prescribed time or improper care increases my risk of infection, discomfort and poor lens performance.

I understand that contact lens fitting and evaluation fees are separate from and in addition to comprehensive exam fees. Most insurances do not cover contact lens fittings, but some may give an allowance toward materials. Fees are due at time of service.

Patient Signature:_____ Date:_____