

INTERNAL EYE EVALUATION

Please initial one:

1. I prefer retinal photos in lieu of dilation drops for a nominal fee of \$35 (\$20 for minors). **No Drops are involved.** Insurance does not cover images. _____

2. I prefer dilation of my pupils with eye drops at no additional charge. **You will experience blurry vision and light sensitivity for 3 to 5 hours.** _____

3. I decline retinal photos and dilation against my doctor’s recommendation and I understand a comprehensive health evaluation of my internal eye cannot be achieved without doing so.

CONTACTS LENS FITTING AND EVALUATION POLICY

The fitting and follow up services for contact lenses are not part of the comprehensive eye examination and are billed separately. Our fee structure is as follows:

- \$89 to \$109 Traditional soft contact fitting/astigmatism contacts
- \$129 Rigid gas perm fitting or soft multifocal contacts
- \$209-\$259 Hybrid contact fitting/multifocal hybrid contacts
- \$300 + Specialty fitting/medically necessary

Fitting fees include the initial evaluation and 3 months of follow up care as needed. Soft contact trials are included in this cost. Specialty trials may incur a charge. Payment for hybrid or gas permeable lenses is due the day the services are rendered and an order is placed. Some insurances assist with medically necessary contact lenses and fitting fees . All contact lens sales are final.

PRESCRIPTION RECHECKS FOR CONTACTS AND GLASSES

An office visit fee of \$40 will be assessed for RX evaluations 3 months after the initial glasses dispense and/or contact lens RX release date.

I have read and understand the above with regard to retinal evaluation, contact lens policies and prescription rechecks.

Patient Signature (Parent/Guardian)

Date