



Sound Vision Care, Inc.

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Contact Lens Agreement

First time Contact Lens patients require the following:

- contact lens evaluation
- contact lens fitting
- contact lens training
- contact lenses
- 1 week contact lens follow-up examination
- yearly comprehensive eye exam

Current Contact Lens patients require the following:

- contact lens evaluation
- contact lens fitting
- contact lenses
- 1 week contact lens follow-up examination
If necessary
- yearly comprehensive eye exam

Contact Lens Evaluation & Contact Lens Fitting:

Every year, each patient wearing contact lenses must be evaluated for any changes to their vision and/or their contact lens prescriptions. The fee each year is dependent on the lens type and the measurement of your prescription. There are 3 levels of evaluation & fitting.

Contact Lens Evaluation/Fit Fees

Level 1: single vision:	\$80	_____	("regular contact lenses")
Level 2: toric:	\$110	_____	(for astigmatism)
multifocal:	\$110	_____	(bifocal)
Level 3: multifocal/toric:	\$150	_____	(for astigmatism and bifocal)
RGP:	\$150	_____	(rigid gas permeable)

Contact Lens Training:

Training is required of first time contact lens wearers, and is to be completed to the satisfaction of the doctor. The fee for contact lens training includes up to three forty-five minute sessions for the patient to learn the following: cleaning and hygiene, application and removal, and a wearing schedule. If a patient is unable to complete the contact lens training on their first visit they are allowed 2 more training sessions to achieve success. If after three sessions, the patient is unable to master training they will not be able to continue with contact lenses. They must wait for one year.

Contact Lens Training Fee

\$75 (includes 3 forty-five minute sessions, all within twelve months)

Contact Lens Follow-up Examination:

All contact lens follow-up examinations are included with your contact lens evaluation/fit fees. The contact lens follow-up examination is at no charge if it is scheduled within six months, and only necessary if the doctor recommends it.

All fees are due at the time of service and non-refundable.

I have read, understood and agree to the terms above:

patient name: _____ patient signature: _____ date: _____

(if patient is under 18 years old)

parent name: _____ parent signature: _____ date: _____