Contact Lens Wearer - Precision Eye Care

Contact Lenses are considered medical devices and are regulated by the FDA. Since they fit directly on the surface of the eye extreme care and caution should be exercised in their use. Our office policy related to the purchases of contact lenses is as follows:

1. Contact Lens evaluations are separate from the comprehensive exam. This portion of the exam requires additional time from the doctor to ensure the health of the patient's cornea and eyelids, in addition to determining the size and type of contact required for the patient. This fee is non refundable. The first 30 days (after today) of contact lens related visits are free, after that time there is a $19.00 charge per visit.
2. When ordering contact lenses, payment is due in full or minimum of half at your time of service.
3. If you decide against contacts within 90 days of today (60 for RGP lenses), the amount paid on contacts will be refunded(less the $20 restocking fee for soft lenses, $50 for RGP's) Credit cannot be given for opened or damaged boxes of disposable contacts.

Contact Lens Patient Signature: _____ Date: _____

(Or legal guardian if under 18 years old)

HIPAA PRIVACY POLICY – Precision Eye Care

ACKNOWLEGEMENT OF NOTICE OF PRIVACY POLICY

THE NOTICE OF PRIVACY PRACTICES IS PROVIDED FOR YOU ON THE BACK OF OUR CLIPBOARDS. IF YOU WOULD LIKE A COPY OF THE NOTICE FOR YOUR RECORDS, PLEASE ASK TO HAVE ONE PROVIDED. PLEASE REVIEW THE NOTICE AND COMPLETE THE INFORMATION BELOW.

_____I HAVE BEEN PRESENTED WITH THE NOTICE OF PRIVACY POLICY OF PRECISION EYE CARE (THE "PROVIDER") AND HAVE BEEN OFFERED A COPY OF SUCH POLICY TO KEEP FOR MY RECORDS.

Do you give permission for a family member and/or friend to have access to your medical records, appointments, or billing at Precision Eye Care? If yes, please list the names here. _____

If no, please inital here. _____

SIGNATURE OF PATIENT OR LEGAL GUARDIAN: _____ DATE: _____