WELCOME TO TACOMA EYE – CONTACT LENS PATIENT AGREEMENT (MARCH 1 2025)

Contact lenses (CL's) are medical devices that must be properly fitted to ensure eye health. A prescription is determined through evaluation and follow-up care, success with contact lenses is not guaranteed for all patients.

Requirements for Contact Lens Fitting

- A comprehensive eye exam is required within six months of a fitting, per **WA State Statutes**.
- Proper fitting ensures the best vision and comfort. **Fees cover testing, evaluations, expertise, and 60 days of follow-up care.**
- Fitting fees vary based on lens type and patient needs. A new evaluation fee applies if switching lens types. *(ex: Switching from Monthly to Dailies)*
- A prescription is finalized after the doctor confirms a proper fit and comfort *(20/20 vision is not a guarantee).*

Training & Follow-ups

- **Contact Lens Training is required for new wearers** or those switching from soft to gas-permeable lenses and need care & cleaning reviewed. The training covers two 30 minute sessions; additional 30 minute sessions are $30 each.
- **Annual Contact Lens Evaluation**: Required to ensure continued eye health and proper fit. Contact lens prescriptions are valid for two years but require yearly evaluations.
- **Follow-ups**: Ensure proper fit, vision, and eye health. **Follow-up visits within 60 days are no cost** Prescriptions cannot be issued without follow-ups or compliance.

Fees & Refunds

- **No refunds** on exams, fittings, or evaluations.
  Store credit may be available for unopened, unused soft lenses (subject to supplier policies)

- **Evaluation Fees** (as of 03/01/2025):
  - New Soft Contact Lens exam: $150
  - Existing SCL exam: **$110**
  - New Gas Permeable Lens:$250
  - Existing GP Lens exam: **$210**
  - New Soft lens Multifocal/Monovision: $250
  - Existing SCL Multifocal/Monovision: **$210**
  - New Gas Permeable Multifocal/Monovision $300
  - Existing GP Multifocal/Monovision **$260**

  - Specialty Fits (Scleral lens, Myopia, Ortho-K *etc)*: Cost Varies Quote provided before treatment

Patient/Guardian Acknowledgment

I have read and understand this agreement.

Signature: _____ Date: _____
Print Name: _____