

Sun Valley Eye Care, Inc.

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Contact Lens Agreement

Instructions for the care of all contact lenses:

1. Always wash your hands before handling contact lenses.
2. Clean and disinfect lenses daily with proper technique and solution.
3. Never wear a torn or damaged lens.
4. Wear lenses a maximum of _____ hours/day. Never sleep in your lenses.
5. Replace your lenses according to the recommended schedule by your doctor.

Replace every:

2 weeks 1 month 3 months 6 months year

Remove lenses and contact our office if you experience any of the following symptoms and it does not improve :

1. Blurry vision
2. Sensitivity to light
3. Redness
4. Pain
5. Excessive Tearing

Proper compliance to the instructions above can assure that patients will get the optimum performance from contact lenses.

I understand that contact lenses are an option, not a necessity. I understand that I have been advised to have a back up pair of glasses.

I understand that improper care and wear of contact lenses may compromise the health of my eyes.

I understand that I should return no later than one year from today for an annual exam to thoroughly evaluate the health of my eyes.

I release Sun Valley Eye Care, Inc. from any liability for the consequences of my actions that are contrary to the recommendations stated above.

Name(print)

Signature

_____/_____/_____
Date