



## **CONTACT LENS EVALUATIONS**

Innovative Vision takes pride in providing the highest quality of contact lens care. We make every effort to ensure that our recommendations are individually tailored to each patient. Our doctors take into consideration many factors including your glasses prescription, visual needs, and eye health.

### **WHAT IS A CONTACT LENS EVALUATION?**

Determination of the proper contact lens prescription based on each individual's eyeglass prescription, vision needs and corneal health and curvature.

- Requires additional testing and is considered separate from the comprehensive exam.  
*Includes evaluation of the cornea, conjunctiva and eyelids, and how contact lens wear affects the health of the eye.*
- A contact lens prescription is different from a glasses prescription.

### **HOW OFTEN DO I NEED A CONTACT LENS EVALUATION?**

Contact lenses prescriptions **expire after one year.**

- Contact lens wear can cause irritation and infections.  
*The eye is a sensitive organ and requires monitoring at least every year. Problems that are undetectable by you can develop into more serious conditions.*
- Annual examinations allow your doctor to evaluate the condition of your lenses and recommend any changes that are needed before renewing the prescription for another year.

### **WHAT ARE THE EVALUATION FEES?**

Contact lens evaluations and fittings have different levels of difficulty and time and thus, cost. This depends on the types of contact lenses needed, the visual requirements of the patient and the health of the patient's eyes.

▪ New Patient CL Evaluation (Soft Sphere Only)	<b>\$69</b>
▪ Established Patient CL Evaluation (Update CL Rx – No changes)	<b>\$49</b>
▪ Soft Toric CL Evaluation	<b>\$79</b>
▪ Rigid Gas Permeable CL Evaluation	<b>\$89</b>
▪ Monovision CL Evaluation	<b>\$89</b>
▪ Soft Bifocal CL Evaluation	<b>\$109</b>
▪ Keratoconus & Post Surgical CL Evaluation	<b>\$129</b>
▪ Training session/visit <i>Required for new contact lens wearers to ensure proper insertion/removal and cleaning care</i>	<b>\$29</b>

**Please ask our staff and doctors to discuss with you additional information if you have any questions regarding this information.**

I have read and understand the contact lens evaluation fees.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_