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Congratulations! You have decided to take the first step of being a Blaine Eye Clinic Contact Lens Wearer. Every clinic has its own guidelines. We make it a goal to educate all patients about our Contact Lens Policy, so all questions and/or concerns may be addressed. This is how the contact lens fitting will proceed.

- **A fitting/refitting fee of \$ _____ will be charged. We request that this be paid in full the day of appointment.**
 - This fee includes recommendation and selection of initial contact lenses based on measurements that are taken. It also includes the first 90 days of progress check appointments which consists of any prescription changes or modifications to the contact lenses.
 - First time wearers will schedule an appointment for a contact lens class. This appointment will be approximately one hour of training to learn insertion, removal and care of contacts.
 - A SynergEyes/Scleral contact lens fitting is 90 days. It's very important to follow through with all progress checks in the allotted time. These contacts are not a trial lens; therefore, if any changes need to be made, it must happen within the 90 days. Contact lenses cannot be returned after 90 days and charges will still apply.

- **A contact lens check follow-up appointment will be scheduled in one to two weeks.**
 - At this appointment the doctor will evaluate how the contact lenses are working and check the fitting. Please make **sure you wear your contacts to your appointment**. If needed, the doctor will make changes in the lens power or design of the contact lenses. Additional appointments may be required until optimum performance is achieved.

- **The cost of a one year supply of your contacts is \$ _____**
 - The cost of contacts is determined by the type of contacts the doctor will be ordering.
 - If the doctor recommends upgrading to a more complex lens, there will be an additional charge.

- **Ordering contact lens supply.**
 - Payment of at least half down is required to order your contact lenses. The remainder of balance needs to be paid when you pick up final lenses.
 - Contact lenses need to be paid in full if being *Direct Shipped* to your home.
 - Contact lenses will be ordered when fitting is complete. The fitting is complete when the best fit, comfort and vision are achieved for your eyes.

- **Contact Lens Prescriptions.**
 - We are concerned about the health of our patient's eyes. Even contact lenses that fit well can increase the risk of eye infections and inflammation; therefore, contact lens prescriptions typically expire in one year.
 - A contact lens evaluation fee of \$ _____ will be included at your annual eye exam.

- **Cancellations. If you or the doctor decide contact lenses are not right for you, you will be responsible for the following:**
 - The patient will be responsible for their fitting fee (non-refundable).
 - All contact lenses must be returned.

I have read and agree to Blaine Eye Clinic's Contact Lens Policy.

Patient _____ Date _____

Signature (Parent signature if under 18) _____