

# VISION SOURCE<sup>®</sup>

## SIGNATURE EYE CARE

### CONTACT LENS CARE INSTRUCTION

1. **You MUST have a pair of back-up glasses!** Glasses are required to allow your eyes to get oxygen after removing contacts.
2. **Replace your contacts as your doctor recommends.** Use of old/expired contacts increases the risk of infection or intolerance.
3. **Get your eyes examined every year.** Your doctor must check your eyes yearly to assess eye health, cornea-lens interaction, fit and prescription.
4. **Always wash hands before putting in contacts.** Apply face/hand cream or make-up AFTER putting your contacts in to avoid getting on contacts.
5. **Store/disinfect contacts lenses in the proper solution.** Use the solution your doctor recommends and as directed. Do not use saline, it does not disinfect your contacts. And NEVER use tap water.
6. **Use ONLY fresh Solution.** After putting in your contacts, throw away the dirty solution. Never REUSE dirty solutions or you might end up with an infection.
7. **Do not allow non-sterile water to get in your contacts.** Water from the pool, ocean, etc, has bacteria. If you get non-sterile water in your eyes, throw out your contacts to be safe. If you swim or work in a dirty environment, request a Daily disposable contact that is changed daily.
8. **Keep your contact case clean.** Rinse your case with solution after contact insertion. Leave the case open to dry. Replace your case every 3 months.
9. **Remove your contacts if you have an infection, pain, redness, light sensitivity, blurry vision, or if lens is damaged!** Throw away contaminated contacts to prevent reinfection and immediately stop wearing contacts and notify us right away for an appointment. 954-753-0137 OR [drkmedina@gmail.com](mailto:drkmedina@gmail.com).
10. **Dryness.** It is normal for your eyes to feel a little dry. The best way to prevent dryness is to remember to blink more often and fully. Use contact lens rewetting eye drops as needed. If symptoms persist tell your Doctor at follow-up visit.

---

**Replace your contact lenses every:** YEAR/ 6 MONTHS / 3 MONTHS/ 1 MONTH / 2 WEEKS / EVERY DAY

- If you are new to contact lens wear and receive a pair of TRIAL contacts today, you need to come back for a Check-up to Finalize your prescription.
- You have 30 days from today for follow up visits if needed to Finalize your CL RX.
- Get eyes re-examined yearly, to keep eyes healthy.

---

**Contact Lens fee for your level of complexity:** \_\_\$79\_\_ \$89\_\_ \$99 \_\_\$119\_\_ \$125 \_\_\$140 \_\_\$160\_\_ \$190

The contact lens fitting fee includes 3 follow-up visits and 2 training classes if necessary. Additional follow-up visits will be charged accordingly and training classes have a fee of \$15. A small percentage of contact lens fittings are not successful. I understand these fees apply for the doctor's chair time and are payable even if I choose not to wear contacts due to allergies, discomfort or poor vision. I understand the Contact Lens Care and Fees Agreement, and I will not hold my doctor or staff liable for any eye problems or accidents associated with the use of contacts.

---

Patient Name

---

Patient/Parent Signature

---

Date