



Patient's Name Age

Informed Consent Form for Fitting Contact Lenses

This information is to help you make an informed decision about having Contact

Lenses in order to correct your Nearsightedness (Myopia), Farsightedness (Hypermetropia) and Astigmatism and /or Presbyopia. A contact lens is a medical device that rests in contact with the tissues of your eye; therefore, it must be maintained routinely and replaced periodically to maintain the health of your eyes. Contact Lenses have become one of the most accepted ways of vision correction and are used to correct your refractive error and also to change eye color across the world successfully.

Alternate Vision Correction

Contact Lenses are elective mode of vision correction. There is no emergency condition that requires that you have to use it other than specific therapeutic use when they are also prescribed as a part of ocular treatment plan. There are alternate modes of vision correction also which are also used as a mode of vision correction. Amongst other vision correction mode Spectacle Lenses are most popular as non-surgical mode of vision correction. There are advantages and disadvantages of spectacle lenses. In addition, Refractive surgery is also gaining popularity as a surgical mode of vision correction, although not all patients are good candidates for refractive surgery. Refractive Surgery carries its own set of risks.

Contact Lens Care and Maintenance

Care and maintenance is one of the most critical aspects of contact lens wear. It can influence the success of contact lens wear and patients' satisfaction with their lenses. Safe and effective wear depends on synergism of a good lens, a compliant patient and periodic professional monitoring. It is imperative that the purposes and importance of proper care and maintenance be impressed upon the prospective contact lens wearer as soon as contact lens wear is considered seriously. The overall aims of care and maintenance are to prevent and minimize microbial contamination reduce deposits and ensure comfortable wear. Regardless of the type of contact lens, an appropriate care system must be used. A typical care system consists of the following components:



- Daily cleaning
- Rinsing
- Disinfecting
- Weekly/protein removing
- Lubricating/rewetting
- Lens storage case cleaning

Daily cleaning is important to remove most loosely bound foreign matter on the lens surface, such as, Cell debris, Mucus, Lipids, Proteins, Cosmetics, Microorganisms, and inorganic deposits.

Rinsing is important to remove the excess Daily Cleaner, Loosened deposits and Micro-organisms.

The disinfecting procedure aims to kill or deactivate potentially pathogenic organisms including: bacteria, fungi, viruses, amoebas and maintain lens hydration.

Protein removers, also known as enzymatic cleaners, are included in the care systems for contact lenses that are not replaced regularly. These cleaners are effective in loosening tightly bound protein deposits.

Lens Lubricants permit lubrication and rewetting of the lens while on the eye.

A poorly maintained contact lens case can be a source of heavy contamination of contact lenses with microorganisms. Biofilm formation on the surface of contact lens storage cases can harbor bacteria. It is, therefore, recommended to scrub, rinse and air dry the case with the solutions and also replace at frequent intervals.

Proper use and care of contact lenses and lens care products, including lens cases, are essential for the safe use of these products.

Swimming with contacts can result in eye infections, irritation and potentially sight-threatening conditions. It is, therefore, recommended that contact lenses should not be exposed to any kind of water, including tap water and water in swimming pools, oceans, lakes, tubs and showers.

Wearing Schedule

Most people wear soft contact lenses, and there are a variety of soft lenses that can be worn. These are usually categorized by wear schedule, typically dailies, biweeklies, or monthlies. For the most part, dailies are meant to be replaced every day, biweeklies are replaced every two weeks, and monthlies are replaced every thirty days. However, your Optometrist may have you on a modified wear schedule. It's important to follow the schedule that your Optometrist gives you.



Contact lenses aren't meant to be slept in as this increases the risk of corneal ulcers or other eye health issues including infections.

Replacement Schedule

When you wear contact lenses, a lot of the debris, mucus, bacteria and everyday crud can be absorbed into the lens. Even if you clean both the surfaces of the lens you cannot remove that stuff, which means periodic lens replacement is warranted. However, with an increasing number of prescribing options, lens replacement interval has continued to be debated. The frequency of lens replacement continues to vary greatly because of options available. It is mandatory to adhere to the replacement schedule of the prescribed modality or as advised by your practitioner. This is true regardless of whether it is a contact lens that corrects your vision or a cosmetic contact lens or a combination of both. Indications for Contact Lens

Contact Lenses have many advantages and may be the treatment option of choice in cases like anisometropic, aphakia and high myopia. Contact Lenses provide the advantages of improved cosmesis, wider field of vision, prevention of aberrations and prevention of problems with prismatic imbalance for eccentric gaze. However, there are possible complications of improper use of contact lenses and poor contact lens care and maintenance:

- Discomfort and/or pain
- Temporary or permanent loss of vision
- Swelling or inflammation of the cornea
- Small blood vessels growing into the cornea
- Formation of small bumps under the eyelids
- Accumulation of debris or mucus on or behind the lens, which may reduce vision and/or comfort with the lens
- Internal inflammation of the eye
- Abrasions of the front surface of the eye
- Infection with potentially harmful microorganisms (Microbial Keratitis)

IF PATIENTS EXPERIENCE EYE DISCOMFORT, EXCESSIVE TEARING, VISION CHANGES, REDNESS OF THE EYE OR OTHER PROBLEMS, THEY SHOULD IMMEDIATELY REMOVE THEIR LENSES AND PROMPTLY CALL THE OPTOMETRIST. IF THE OPTOMETRIST IS NOT AVAILABLE, THEY SHOULD IMMEDIATELY SEEK CARE AT THE CLOSEST EYE CLINIC.



Patient Consent

In signing this consent form for having contact lenses, the patient or the parents of the patient in case of children confirm that:

I confirm that I have opted for the contact lenses and understand all the information and have the opportunity to ask questions and had them cleared to my satisfaction.

I confirm that I have understood the wearing and replacement schedule and will strictly adhere to it.

I confirm that I have understood the care and maintenance of contact lenses and

I will strictly follow it for my contact lens care and maintenance.

I agree to be fitted for contact lenses and accept the risks involved. I further agree that:

I will follow the recommendations and advice of my optometrist, keep all scheduled eye clinic appointments, reschedule a missed or cancelled appointment immediately, notify my optometrist of any problems encountered with my eyes or contact lenses when the problem is first noticed, remove my contact lens(es) at the first sign of any eye problem and discontinue contact lens wear when directed by my optometrist.

I also confirm that the content of the whole Consent Form was explained to me in the language I understand.

Contact Lens fitting fees include diagnostic lenses and follow-up visits the patient may require within 30 days of the initial fitting for all fitting excluding yearly evaluations.

\$30 per 45 minute session of insertion and removal training for all first time contact lens wears. New contact lens wearers must be able to insert and remove lenses independently three times before leaving with contact lenses.

\$60 fee after 30 days of fitting



I have gone through the details and understood all implications. I am making voluntary decision in giving permission to be fitted with contact lenses:

_____	_____	_____
Pt Full Name	Signature	Date

_____	_____	_____
Parent / Guardian Name	Parent / Guardian Signature	Date