

Contact Lens Policy & Acknowledgement

Eye Physicians of Sussex County

You must let us know if you require a contact lens evaluation before you see the doctor.

Some patients will require an additional visit. As of 2022 we are only fitting soft contact lenses in our office. If you wear medically necessary specialty or hard contacts lenses, you may be referred to another office for refitting and purchasing. We apologize for any inconvenience.

Initial Fitting \$150

This covers your contact lens insert and removal class, trial lenses, and your 'Contact Lens Check' follow up appointment. This requires 2-3 appointments with Dr. Sheth, on Mondays or Wednesdays.

Refitting \$75

Current patients needing a lens change for any reason. This includes if your lens is discontinued, you are uncomfortable in your lens, or you wish to change lens type or modality. This also applies if the doctor changes your lens due to eye health concerns.

New Patients

If you wear lenses prescribed elsewhere, bring all information of your current lens prescription, including the powers, base curve, diameter, and brand to your appointment. You must also bring your lenses so the doctor can evaluate the vision and fit. The \$75 refit fee will apply only if all the above conditions are met, or you will be charged an initial fitting fee of \$150 and will need an additional appointment.

Yearly Evaluation

Per NJ state law contact lens prescriptions are valid for one year. To continue purchasing and wearing contact lenses, your prescription must be evaluated yearly. If you miss your yearly appointment, your contact lens prescription will not be filled, even from another supplier. A \$75 fee may apply.

Eye Health

Contact lenses are medical devices, and if not worn as instructed they may cause severe damage to your eyes, including blindness. You must replace your contact lenses as directed. Never sleep or swim in your contacts. You are responsible for following all instructions given to you by your doctor and technician. The CDC recommends you have a visit with your eye doctor at least once a year and remove your contact lenses and call your doctor if you have eye pain, discomfort, excessive redness, or blurry vision. Symptoms of Eye Infection may include Irritated and/or red eyes, pain in or around the eyes-even after contact lens removal, light sensitivity, sudden blurry vision and unusually watery eyes or discharge. If you experience any eye issues related to your contact lenses, please call our office immediately.

Patient Follow Up

If any fitting process is not completed in 3 months due to lack of patient follow-up, you may be charged an additional fee if you choose to continue. The above fees do not cover the cost of your lenses after getting your contact lens prescription.

I understand all risks and policies regarding contact lenses, agree to keep my follow up appointments, pay all required non-refundable fees, and acknowledge that I am responsible for my own eye health. Signing below also acknowledges you were given or offered a copy of your contact lens prescription, and are aware it is only valid for one year from date issued.

Name: _____

Birthdate: _____

Signature: _____

Date: _____