



CONTACT LENS ANNUAL EXAM AND CARE HISTORY

Patient Name: _____

Contact Lens Brand Name: _____

Does your vision fluctuate while wearing your contact lenses? YES / NO

Does your vision improve after blinking your eyes? YES / NO

Are you interested in refractive laser surgery? YES / NO

7 Reasons to Order Your Contacts from Miller Optometry

1. Competitive pricing with major retailers.
2. In-office manufacturer rebates available that can be combined with vision discount plans (maximum benefits).
3. Newly manufactured contact lenses.
4. Temporary trials at no cost to the patient. **
5. Any unopened boxes purchased from us can be exchanged towards the new prescription. **
6. Run out of contacts before your yearly contact lens exam? We are happy dispense some trials at no charge to keep you going till your scheduled exam date. **
7. Free shipping on all one-year supplies of contacts.

** At consent of the doctor.

PLEASE READ CAREFULLY: If you are wearing your contact lenses and plan to update your contact lens prescription today, there will be a **\$70.00 fee** to evaluate your current lenses. **A contact lens prescription is only valid for one year.** If you need to be refit with an updated lens design and/or material, please note the following fees:

Limited: update / evaluate current lens		\$70.00
Intermediate / New Fit: upgrade to newer material / Rx change	-includes follow up	\$125.00
Extended: astigmatism / monovision / multifocal	-includes follow up	\$180.00
Complex: high astigmatism / specialty lenses	-includes follow up	\$250.00
Post-Surgical / Keratoconus:	-includes follow up	\$ _____
Corneal Rehabilitation: topography / each additional visit		\$50 / \$55
RGP Fitting: annual evaluation		\$125.00

THE CONTACT LENS EXAM IS SEPARATE from the regular eye exam. If you are not updating your contact lenses today, please indicate below. It is also important to have back up glasses if you can't not pass the DMV 20/40 test or see the board at school without your contact lenses.

_____ **I ACCEPT** my contact lens evaluation and I understand my wearing schedule, care system, and fee schedule.

_____ **I DECLINE** my contact lens evaluation today.

SIGNED: _____ **DATE:** _____