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Contact Lens Policy

Technological advancements in contact lens materials and design have made it possible for many patients to wear contact lenses successfully. Please be aware that contact lenses are medical devices that should only be fit and prescribed by a qualified health care professional. Improperly worn contact lenses and improper lens care may result in permanent damage to the eye.

A contact lens prescription can only be determined with careful observation of the contact lens on the eye and the eye's response to lens wear over time at scheduled follow-up visits. It is essential for patients to keep all follow-up appointments and adhere to pertinent contact lens wear, care and handling instructions.

Annual Eye Health Exam

Prior to a contact lens fitting, completion of a comprehensive medical eye examination and refraction within the past 12 months are required. This requirement applies to first time contact lens wearers, as well as previous or current contact lens wearers. A comprehensive eye health exam is essential in insuring a patient has eyes healthy enough for contact lens wear and for ruling out the presence of underlying eye conditions that may interfere with, or prevent, contact lens use.

Contact Lens Fees

Contact lens exams have a separate charge that is not included with your annual eye health exam. Patients are responsible for all contact lens related fees.

If you are new to our clinic it is helpful if you can provide the prescription for the contact lenses that you are currently wearing, if applicable.

The contact lens fitting fee is \$150.00, plus tax for soft contacts and \$250.00 for RGP and Specialty Lenses (\$150.00 if fitting only one eye). This fee includes contact lens fitting exam, limited trial lenses, follow-up care within the first 60 days and a prescription for contact lenses*. *This fee is due at the time of service and is non-refundable.***

Patients who are fit for contact lenses are not obligated to purchase contact lenses from EyeSight Hawaii John D. Olkowski, MD.

Patients will receive a contact lens prescription upon the successful completion of a contact lens fitting exam.**

The following are not included with a Contact Lens Fitting:

- Annual Eye Health Exam, including dilation
- Medical Eye Exam
- A supply of Contact Lenses

Contact Lens Fitting

The purpose of a contact lens fitting is to determine the correct contact lens that provides maximum comfort and vision for a patient. There are many variables that need to be considered when making this determination, which include: contact lens material, wear time/schedule, diameter/size, corneal shape/curvature, color, comfort and the how the lenses will be used, i.e. reading, computer, sports, special events, or other. Many patients will require only a single fitting session, while others may require multiple fitting sessions in determining the most suitable contact lens. *There are instances where even after several fittings the determination of the most suitable contact lens is not possible and a contact lens may not be available for a patient to wear*.* A contact lens prescription will not be finalized until the most suitable contact lens is proven to be safe and effective for the patient.

Contact Lens Training Session

Each contact lens patient will be provided with personalized instruction and education session on the safe handling, use and care of contact lenses. The length of a training session may vary and can last up to 30 minutes. A second or third training session at a later date may be necessary for some patients. All contact lens wearers, especially first time contact lens wearers, must satisfactorily demonstrate the ability to insert, remove and care for a contact lens before they are allowed to go home with them. Patients who

currently wear contact lenses or have worn them in the past and have demonstrated proficiency in handling contact lenses may elect to defer the contact lens training session.

Follow-up Appointments

Follow-up appointments are necessary to ensure the following:

1. The contact lenses are fitting well and are sitting on the eye appropriately
2. There are no signs of the contact lenses causing harm to the eye
3. The prescription of the contact lenses are providing the best possible vision
4. The patient understands and complies with the recommended contact lens wearing schedule
5. There are no problems with insertion and removal of the contact lenses
6. The patient is comfortable with wearing, handling and caring for the contact lenses

Note: Contact lens prescriptions may be withheld if follow-up appointments are missed.

There is no fee for follow-up appointments within 45 days from your contact lens fitting for issues related to contact lens fitting.

Annual Contact Lens Exam

A contact lens prescription is valid for one year in concurrent with a comprehensive eye exam. **Contact lens prescriptions cannot be renewed without an annual eye exam.**

**Payment

Fees for the contact lens fitting exam, contact lens prescription and training session are due at the time of service. Full payment is required for contact lenses ordered and shipped directly to your home. A 50% minimum deposit is required for contact lenses ordered and shipped to EyeSight Hawaii John D. Olkowski, MD– the remaining balance will be collected when you pick up your lenses. You have 30 days from the date you are notified to pick up your contact lenses from our clinic. After 30 days, unless prior arrangements are agreed upon, they become the property of EyeSight Hawaii John D. Olkowski, MD.

Contact lens prescriptions may not be released to patients that have an outstanding balance with EyeSight Hawaii John D. Olkowski, MD.

*Refunds

Unopened boxes of unexpired soft contact lenses purchased from EyeSight Hawaii John D. Olkowski, MD may be returned for credit or exchanged within 30 days from purchase. We may ask for a valid receipt as proof of purchase.

There will be **No Refund** on custom/specialty lenses, opened boxes of lenses, expired lenses or colored lenses once they are dispensed.

Please understand that there shall be **No Refund** for a contact lens fitting exam.

I have read and understand the Contact Lens Policy of EyeSight Hawaii John D. Olkowski, MD. All of my questions have been answered and I have been offered a copy of this policy. By signing this document, I agree to the terms and conditions of this policy.

Patient Name

Patient Signature Date

Witness Name

Witness Signature Date