BURBANK OPTOMETRIC CENTER, INC.
1032 N. Hollywood Way, Burbank, CA 91505 818-845-3549

CONTACT LENS FITTING POLICY AND SERVICE AGREEMENT

Contact lenses come under the category of medical devices and are regulated by the Food and Drug Administration. California law requires that patients go through a contact lens fitting by a licensed eye doctor, not matter where you go. _____ ***Please initial here that you have read and understand the FDA fitting requirement.***

A contact lens fitting is required every 12 months and involves a separate fee from the comprehensive eye exam fee. The fee will vary depending upon your prescription and the type of contact lenses that are right for you. Fitting fees range from $90 for disposables up to $325 for specialty rigid gas permeable lenses. _____ ***Please initial here that you have read, understand and agree with the fitting fee.***

Our contact lens fitting commitment to you:

1. Any necessary follow ups to complete your fitting up to a 90 day period.
2. Any necessary trial contact lenses necessary to obtain well fitting lenses during the 90 day period.
3. Contact lens training for new wearers.
4. A contact lens cleaning kit.
5. Six months of follow up care from the date of your fitting. This includes all necessary follow up visits to obtain well fitting lenses, a six month follow up visit, as well as any office visits due to any contact lens related complication.
6. A copy of your contact lens prescription will be presented to you when the fitting process is complete.
7. You are entitled to purchase your contact lenses here or from an outside vendor. If you purchase an annual supply of contact lenses from our clinic, it comes with our guarantee that you can exchange any boxes, opened or not if there is a change in your prescription for any reason. _____ ***Please initial here that you have read, understand and agree with the contact lens commitment.***

PATIENT'S COMMITMENT: By signing below, I am committing to follow the policies and guidelines of the contact lens fitting as stated above and as directed by my doctor.

_____
Print name here

_____ _____
Sign name here Date

PARENT'S/GUARDIAN'S PERMISSION: By signing below, I give my child permission to be fit for contact lenses and to abide by the above contact lens policies.

_____

Print name here

_____ _____

Sign name here Date