

# Dr. Brian R. Pettie Eyecare, PC

9248 Parkway East  
Birmingham, AL 35206  
Phone (205) 833-3171  
Fax (205) 833-3059



1600 Montclair Road  
Birmingham, AL 35210  
Phone (205) 951-3268  
Fax (205) 951-3588

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Please read **thoroughly** before signing.

Contact lens fees include contact lens fitting and evaluation. You will receive a copy of your contact lens prescription after the doctor has made sure that the contacts are fitting properly and providing acceptable vision.

Contact lens fees include:

- One pair of trial contact lenses, excluding gas permeable contacts or specialty contacts. These trials are dispensed at the initial exam only. The doctor may decide to try more than one type of contact upon follow-up visits, and if so, you will not be charged an additional fee. No trial contacts will be dispensed outside of the follow-up period, or after a prescription has been released. It is your responsibility to order more contacts before your supply runs out.
- All follow-ups within sixty days following the initial examination. If the doctor recommends a follow-up visit, it is required for the doctor to make sure the contacts are fitting properly before dispensing a contact lens prescription. A follow-up date will be set for you on the day of your initial exam. If you are unable to return at the time set, call in advance and we will be happy to schedule you for a more convenient time.

**PLEASE NOTE: If you fail to return for a follow-up visit and do not call us within sixty days to reschedule, you will be charged for an additional contact lens fitting, which will not be applied to your insurance. After four months, a new full exam will be required. Call in advance before walking in for a contact follow-up, so that we can make sure the doctor is in to see you. Contact lens prescriptions released after sixty days may incur an additional charge.**

## **IF YOU ARE A FIRST TIME CONTACT LENS WEARER:**

Most patients adapt to contact lenses well. However, a few have trouble getting used to wearing contacts, including having trouble with vision or comfort. The contact lens fee is a service and is therefore not refundable for unsuccessful contact lens wearers.

Contact lens follow-ups do NOT include medical problems, such as red eyes, eye infections or ulcers. If you have any unexplained EYE PAIN OR REDNESS, WATERING OF THE EYE OR DISCHARGE, CLOUDY OR FOGGY VISION, DECREASE IN VISION OR INCREASED SENSITIVITY TO LIGHT, remove your contact lenses and make arrangement to see your eye doctor before wearing your contact lenses again.

By signing below, I acknowledge that I understand the contact lens policy, and I agree to be bound by its terms. I also agree to follow my doctor's recommended wear and replacement schedule for my contact lenses.

\_\_\_\_\_  
Patient name (Please print)

\_\_\_\_\_  
Patient signature, or guardian if patient is a minor

\_\_\_\_\_  
Date