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### **Contact Lens Patient Acknowledgment Form**

Advancements in contact lens technology offer the potential for successful contact lens wear for most or all of our patients. A contact lens is a medical device in contact with the tissues of your eye; therefore, it must be fit appropriately to maintain eye health and monitored for the eye's response to the lens at follow-up visits. Since follow-up care is essential, it is your responsibility to keep all appointments and follow all lens care instructions.

#### **The Comprehensive Eye Exam**

Before a person can be fit with contact lenses, a complete medical and refractive eye examination is necessary. The exam is critical to ensure the good health of your eyes and to rule out the possibility of any unsuspected, underlying condition that may prevent contact lens use. Contact lens fitting appointments and follow-up appointments are not covered by provincial health care coverage but may be covered by private insurance. It is the responsibility of the patient to be aware of what is covered by private insurance.

#### **Contact Lens Fitting**

The goal of a contact lens fitting is to find the most appropriate contact lens for each patient's optimal vision and comfort. An enormous variety of types, materials, and sizes are offered. We are committed to taking the time and effort to fit your contact lenses properly. Although many patients will need only one fitting session, sometimes this process requires several appointments. Everyone being fit into contacts must go through the fitting process. The contact lens prescription will not be finalized until both the patient being fit for contact lenses and the doctor are satisfied with the fit and visual acuity of the contact lens. Dispensing of trial contact lenses will only be at the time of the original examination and scheduled follow-up visits when a refit is required. Contact lens trials will not be dispensed at any other time. Thus, it is the responsibility of the patient to order contact lens supplies and schedule contact lens examinations in a timely manner. Any patient who is changing lens brands must have a new fitting, and there may be additional fitting fees.

#### **Contact Lens Training Session**

The patient will be provided with personalized instruction concerning the safe care and usage of contact lenses. If additional time is needed, it will be necessary to schedule a second training session. There will be no extra fees associated with additional training sessions. Upon completion of successful insertion and removal, the patient may begin wearing the contact lenses, and a two-week follow-up visit will be booked.

### **Follow-up Appointments**

Follow-up appointments are necessary to ensure:

- The contact lenses are fitting and moving well.
- The prescription is providing the best possible vision.
- The eyes are remaining healthy.
- There are no problems with insertion and removal.
- The patient understands and complies with the recommended wearing schedule.

Prescriptions will NOT be written, and contact lens orders will not be placed for patients who do not keep follow-up appointments. Fees for initial contact lens fitting appointments will cover subsequent contact lens follow-up visits for six months.

### **Annual Contact Lens Exam**

A contact lens prescription is valid for only one year. All patients are required to come in for an annual contact lens exam. This is necessary to ensure that the patients eyes are healthy and contact lenses are still fitting well. Contact lens prescriptions cannot be renewed without an annual eye exam. Contact lens exams have a separate charge that is NOT included in your medical exam. To date, Manitoba Health does not cover any costs associated with contact lens fitting fees or materials.

### **Contact Lens Fee Policy**

Annual re-evaluation of a contact lens fit: It is our policy that all patients who are currently wearing contact lenses be seen every year for a contact lens evaluation. This evaluation is not included in the annual comprehensive ocular medical and vision examination and there is an additional minimal charge for this.

### **New Contact Lens Fitting**

The fitting fee, which includes follow-up care within the first 90 days, is determined by the type of lenses prescribed, the difficulty of the fit, and whether or not the patient is a first-time contact lens wearer. The fee will not apply if the individual is not successful with the insertion and removal training. Lens options and prices will be discussed in more detail once the initial examination is complete.

The fitting fee includes:

- The contact lens fitting
- Training on insertion & removal of the contact lenses for new wearers
- Follow-up visits up to six months

- Lens changes if necessary, though the patient is responsible for any difference in cost of the contact lens should that be required.

The fitting fee does not include:

- Contact lenses (costs will vary depending on the type of lens prescribed)
- The comprehensive medical and/or vision eye exam
- Medical visits not directly related to contact lens wear
- Contact lens checks after six months

### **Ocular Health Risks Associated with Non-Compliance**

Failure to adhere to contact lens guidelines, including missing follow-up appointments, improper lens care, and neglecting annual eye exams, may lead to serious ocular health risks, including but not limited to:

- Corneal ulcers and infections (microbial keratitis) – a potentially sight-threatening condition due to bacterial, fungal, or parasitic infections.
- Corneal hypoxia – inadequate oxygen supply to the cornea, leading to swelling, discomfort, and long-term damage.
- Giant papillary conjunctivitis (GPC) – an inflammatory condition causing irritation, itching, and excessive lens movement.
- Dry eye syndrome and discomfort – prolonged lens wear without proper hydration and care can exacerbate dryness and irritation.
- Increased risk of corneal scarring and vision loss – severe infections and inflammations left untreated can result in permanent damage.

### **Refunds**

There will be no refunds on custom lenses, opened boxes of lenses, or colored lenses because of dissatisfaction with the color. There will be NO refund of the professional fees, including the eye exam, contact lens fitting, or annual contact lens evaluation.

I understand that WillowBrook Eye Care has the right to refuse dispensing contact lenses if I fail to comply with any of the above.

By signing below, I have read and understand the information provided above.

Patient/Guardian Name: \_\_\_\_\_

Date: \_\_\_\_\_

Patient/Guardian Signature: \_\_\_\_\_