

# James M. Beranek, O.D.

3277 Hollywood Blvd.  
Hollywood, FL 33021

## CONTACT LENS POLICY

No battery of tests or trial fittings of lenses will guarantee how successful a patient will be with a particular pair of contact lenses. After the initial examination no prescription exists, only the specifications of the lenses that the doctor feels would probably work best for you. The first follow-up visit is to check the fit of the lenses, the health of your eyes, and your ability to care for your lenses in a safe and effective manner. Occasionally lenses that initially appear to be a good fit turn out to be lenses that the doctor deems not to work well physiologically with your eyes. A fit such as this could jeopardize the health of your eyes over time.

In our office, a contact lens prescription is valid for one year from the date of the initial examination. No contact lenses will be ordered for patients who are approaching or who have surpassed that time limit. This office procedure is based on years of clinical data as well as professional experience that demonstrate contact lenses can, over time, cause irreversible damage if not professionally supervised. Some changes in corneal health are not evident for many years and cannot be detected unless previous records are available. Contact lenses are medical devices. Therefore, all contact lens patients need to be under a doctor's care.

Brand name of contact lenses you currently wear? \_\_\_\_\_

How many hours per day do you wear them? \_\_\_\_\_

How many days per week do you wear them? \_\_\_\_\_

How many days per week do you sleep in your lenses? \_\_\_\_\_

What solutions do you use?     Optifree     Renu     Complete     Clear Care     Other

Are your contacts as comfortable at the end of the day as they are in the morning?     Yes     No

Do you ever remove your contacts before you want to because of discomfort or dryness?     Yes     No

Do you find yourself using rewetting drops on a frequent basis?     Yes     No

Would you be interested in the newest technology for contacts?     Yes     No

Would you be interested in daily disposable contacts (wearing a new contact lens everyday) if they are available in your prescription?     Yes     No

I have read and understand the above information.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian, if minor

\_\_\_\_\_  
Date