

DUCKLO EYE GROUP

Contact Lens Services

Contact Lens Evaluation Policy

A Contact Lens Prescription will be written upon **completion of the evaluation and follow-up examinations.** This prescription is valid for 1 year from the examination date. Some specialty contact lenses may require an initial lens purchase through this office before a prescription can be written. A contact lens refitting/evaluation fee charge will apply after **30 days** of the initial examination date. After **90 days** a refraction fee of **\$5.00** and a contact lens refitting/evaluation fee will be applied.

A trial contact lens is for evaluation and only 1 pair of lenses will be dispensed at a time. Any prior trial contact lens will be discarded by the doctor before dispensing another trial contact lens. Additional administrative charges for the trial lens may apply if lost or discarded by patient prior to follow-up evaluation. Premium contact lenses, such as Multifocal or Astigmatic Contact Lenses, will be charged in this manner.

- I have worn Contact Lenses and would like to renew my prescription today.
- I have never worn Contact Lenses, but I wish to try them today. A **\$35.00** fee is applied to all first-time contact lens wearers for training.
- I decline a Contact Lens Evaluation and Fitting and I am aware that I will not be receiving a Contact Lens Prescription.

Recommended Exam Services

Optomap® Retinal Exam

At James L. Ducklo, OD And Associates, we pride ourselves on providing our patients with the best possible standard of care. An annual dilated eye exam is always recommended; however, the **Optomap®** can provide a digital image that often surpasses the view obtained through dilation without using any drops. It's easy and fast. You will be able to see your retina in detail and be able to enjoy the rest of your day without any side effects from pupillary dilation. When reviewed, the scan becomes a permanent part of your medical file, enabling your doctor to make important comparisons to potential vision threatening conditions which may show themselves at a future examination. Your Doctor strongly believes that the **Optomap®** Retinal Exam is an essential part of your comprehensive eye exam and recommends it for all patients once per year. The fee for **Optomap®** is **\$38.00** in addition to our basic eye exam.

- I prefer to have **Optomap®** instead of having my eyes dilated.
- I prefer to have my eyes dilated.

Office Use Only

Chart Number: _____

Procedure Codes: _____

Visual Field Screening

A highly sophisticated computerized instrument now enables us to provide a more thorough visual field screening. This Instrument checks for loss of sight, both in central and peripheral areas. Visual Field Testing can assist us in early detection of glaucoma, retinal problems, some neurological diseases (such as brain tumors and Optic Nerve Disease), and enables us to better diagnose causes of headaches. **An additional \$15.00 Fee** is applied for this service.

- I prefer to have the Visual Field Screening.

Visual Field Screening Waiver:

- I release my Doctor from any liability related to the failure to treat or diagnose any eye condition due to the lack of information which could have been obtained from Visual Field Screening.

I have chosen the above additional services and understand that my Insurance policy may not cover these elected services. That I am solely responsible for their cost. These fees have been explained to me and I agree to accept responsibility for payment of selected services.

Patient Name: _____

Please Print

Date of Birth: _____

Signature of the Patient or Legal Guardian of the Patient (if minor)

Today's Date