



**RISK OPTOMETRIC  
ASSOCIATES, PA**

## Contact Lens Disclosure

Contact lenses are medical devices that can only be dispensed by prescription. They must be regarded with the same caution you would use for prescription drugs, which includes prescription expiration dates and follow-up visits with your eye doctor. Your eyes go through gradual changes that can change the fit and affect the health of your eyes.

As with any drug or device, the use of contact lenses is not without risk. A small, but significant percentage of individuals wearing contact lenses will develop serious complications which can lead to permanent eye damage and in some cases blindness.

### **Warning**

**IF YOU EXPERIENCE EYE PAIN, REDNESS, DISCHARGE, LOSS OF VISION, OR SENSITIVITY TO LIGHT, THEN REMOVE YOUR CONTACTS AND SEE ANY EYE SPECIALIST IMMEDIATELY! SOME INFECTIONS CAN CAUSE BLINDNESS WITHIN 24 HOURS.**

#### **DO...**

Put make-up on after inserting contacts.  
Check you contacts for damage daily.  
Change solution in your case daily.  
Keep fingernails trimmed.  
Wash hands before ever touching contacts.  
Clean case daily with contact lens disinfecting solution.  
Air-dry case with lids off when not in use.  
Replace contact lens case monthly.

#### **DON'T...**

Don't sleep in your contacts (unless approved by doctor).  
Don't swim in your contacts.  
Don't wet your contacts with saliva.  
Don't use drops that are not approved for use with contacts.  
Don't share. Contacts can carry viruses.  
Don't sell your contacts. This is illegal.  
Don't use tap water on your contacts or case.

- 1) **I understand that all new patients learning to wear contact lens need to come back for a follow-up visit in one week to have their fit evaluated before the prescription will be released by the optometrist.**
- 2) **I understand that all follow-up visits will be at no-charge for one month. After one month from the date of the exam there will be a charge.**
- 3) **I have read, understand, received a copy, and agree to the above information.**

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Signature of patient receiving contacts

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Guardian Signature if under 18

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Date