

CONTACT LENS FITTING AGREEMENT

This agreement is between (patient) _____ and New Vision Family Eyecare.

You are about to be fitted with contact lenses at New Vision Family Eyecare. We will do our best to fit you with new contact lenses. We are not always 100% successful. If you are one of the few, who for what ever reason, can not wear them our policy is NO REFUNDS under any circumstances.

In the event that a loaner pair of contacts are used and/or an exchange pair of contacts are necessary it is up to you the patient to be responsible for their condition when they are returned to us. If they are damaged in any way or not returned than the patient will be charged a replacement fee for those lenses.

We do not want to have any surprises so we are telling you in advance to be very sure you want to try contact lenses here under these conditions before you, say yes.

Witness

Patient

Date

I have received full instructions on wearing schedule, cleaning and care of my contact lenses.

Signed _____

Date _____