



See Well Eyecare LLC
3330 Erie Avenue, Suite 14
Cincinnati, OH 45208
Phone: 513-268-8748
Fax: 513-268-8758
Website: <https://seewellcincinnati.com/>

See Well Eyecare - Annual Contact Lens Agreement

At See Well Eyecare, we specialize in advanced contact lens fittings—including toric, multifocal, corneal disease, and post-surgical cases. We are committed to your ocular health and providing optimal visual comfort.

FITTING & EVALUATION SERVICES

Our office provides several specialized levels of contact lens fitting and evaluation based on your specific visual and ocular needs. Fitting fees cover professional services only and are non-refundable once performed. Contact lens-related follow-up care for up to 60 days is included for standard and premium soft lens fittings. Specialized or complex fits may have different follow-up parameters. Product supply is billed separately. A full list of professional fees is available at our office.

Available Fitting Levels

- **Professional Insertion & Removal Training (I&R):** Required for new soft contact lens wearers and for established wearers when refresher training is needed.
- **Standard Contact Lens Fit:** For spherical and toric designs.
- **Premium Contact Lens Fit:** For multifocal, monovision, specialty soft designs, or complex fits.
- **Premium Gas Permeable Contact Lens Fit.**
- **CRT / Orthokeratology & Medical Necessity Fit.**

What Is Included

- Professional examination of lens fit, power, vision, comfort, and ocular health.
- Contact lens-related follow-up care as described above.
- Diagnostic / trial pairs of lenses (when available).
- Review of lens handling and care. Formal insertion and removal training is a separate service when required.
- Trial-size lens solution and a new storage case.



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PATIENT SAFETY & CARE RESPONSIBILITIES

Contact lenses are FDA-regulated prescription medical devices. Proper hygiene reduces the risk of serious infections, corneal ulcers, and permanent vision loss.

Safe Wear Guidelines

- Wear/replace lenses exactly as prescribed.
- Wash and dry hands thoroughly before handling lenses.
- Use only recommended, approved disinfecting solutions.
- **NEVER** use tap water, bottled water, or homemade solutions.
- **NO WATER EXPOSURE:** Remove lenses before showering, swimming, or hot tubs.
- Do not sleep in lenses unless specifically prescribed.
- Attend all scheduled follow-ups and annual examinations.

WARNING SIGNS — REMOVE LENSES & CALL IMMEDIATELY

Discontinue wear and contact See Well Eyecare promptly if you experience: Eye pain, severe redness, blurred vision, light sensitivity, excessive tearing/discharge, or a foreign body sensation.

POLICIES: PAYMENT, RETURNS & PRESCRIPTIONS

- **Payment & Ordering:** 100% of patient fees must be paid prior to ordering or dispensing lenses.
- **Prescription Release:** A copy of your contact lens prescription will be provided automatically after the fitting is complete. Release is not conditioned on purchasing contact lenses from See Well Eyecare. Prescriptions are generally valid for one year unless a shorter period is medically necessary.
- **Returns & Refunds:** Boxes must be unopened, unexpired, and unmarked. Lenses shipped directly are returnable up to 365 days; office pickup lenses are returnable up to 90 days. Professional fitting fees are non-refundable.

PATIENT ACKNOWLEDGMENT & SIGNATURE

I acknowledge that this agreement has been explained to me and that I have had the opportunity to ask questions regarding services, safety guidelines, and office policies.

Printed Patient Name: _____ **Date:** _____

Signature (Patient/Guarantor): _____