



Contact Lens Fees and Policy

New Fit Includes: (measurements, trial lenses, 4 week follow up, instructions and care kit)

- Spherical Disposable -----\$200
- Rigid Gas Permeable -----\$250
- Toric Disposable -----\$250
- Bifocal/Multifocal Disposable -----\$250

ANNUAL CONTACT LENS EVALUATION:-----\$175 to \$225

(Yearly follow up for current lens patients and new patients with known contact lens prescription with no change)

CONTACTS:

Acuvue Oasys (Box of 12)	\$90.00	(Box of 24) \$160.00
Acuvue Oasys Astigmatism (Box of 6)	\$70.00	
Acuvue Oasys 1 Day Hydroluxe (90 pk)	\$140.00	
Acuvue Oasys 1 Day Toric Hydroluxe (30 pk)	\$60.00	(90 day) \$170.00
Acuvue Presbyopia (Box of 6)	\$75.00	
Acuvue Multifocal (Box of 6)	\$65.00	
Acuvue 1 Day Moist (30 pk)	\$50.00	(90 day) \$100.00
Acuvue 1 Day Moist Astigmatism (30 day)	\$60.00	(90 day) \$140.00
Acuvue True Eyes (90 day)	\$140.00	
Air Optix Hydraglide (Box of 6)	\$70.00	
Air Optix Dailies Aqua Comfort Plus (30 day)	\$40.00	(90 day) \$100.00
Air Optix Dailies Aqua Comfort Plus Toric (30 day)	\$50.00	(90 day) \$120.00
Air Optix Dailies Total 1 (30 day)	\$60.00	(90 day) \$130.00
Air Optix Night/Day Aqua (Box of 6)	\$120.00	
Air Optix Colors (Box of 6)	\$140.00	
Biofinity (Box of 6)	\$70.00	
Biofinity Multifocal (Box of 6)	\$120.00	
Biofinity Toric (Box of 6)	\$100.00	
Clarity 1 Day (90 day)	\$100.00	(30 pk) \$50.00
Cooper Clarity Multifocal (30 day)	\$60.00	(90 day) \$140.00
Cooper Clarity 1 Day Toric (30 day)	\$60.00	(90 day) \$130.00
Cooper My Day (90 day)	\$120.00	(120 day) \$200.00
Freshlook Colorblends, Color Dimensions (Box of 6)	\$140.00	
Freshlook Dailies Colorblends 1 Day (Box of 10)	\$30.00	
Freshlook Color Opaque	\$140.00	
ProClear Compatibles (Box of 6)	\$80.00	
ProClear Multifocal (Box of 6)	\$120.00	
ProClear Toric (Box of 6)	\$100.00	
ProClear 1 Day (90 day)	\$120.00	
ProClear 1 Day Multifocal (90 day)	\$140.00	
Purevision (Box of 6)	\$120.00	
Purevision Multifocal (Box of 6)	\$130.00	
Purevision II Astigmatism (Box of 6)	\$100.00	

The main goal of our office is to provide good eye care to you, our patient. The fitting of contact lenses is performed as a professional service. As such, every effort in care and time will be taken to ensure that you are being fit with the best and most satisfactory contact lenses for you. We in turn, expect you to follow instructions and keep all follow up appointments. We recommend that you do not sleep in your contact lenses under any circumstances. My signature confirms that I have received my contact lens prescription on this date and that I acknowledge the payment associated with a contact lens evaluation.

PATIENT'S SIGNATURE: _____

DATE: _____