



I, _____ would like to be evaluated for a contact lens examination. I understand that CL exams are in addition to a regular eye exam and the fees associated with it are based on complexity of the case.

- Level 1: \$ 35 Follow-up appts only; minimal complexity
- Level 2: \$ 71 Standard spherical evaluations (soft lenses); Moderate complexity (no training)
- Level 3: \$105 Toric evaluation w/astigmatism; normal range < -2.25cyl First-time spherical wearer (includes training), Monovision
- Level 4: \$140 Gas Permeable (RGP), Bifocal soft/hard evaluations (no training) Toric evaluations w/astigmatism; extended range > -2.25 cyl Synergeyes, First-time toric wearers (includes training)
- Level 5: \$170 New wearers of RGP, Bifocal, or Bitoric evals (includes training)

SVEC staff use only:

CL eval: _____ + / max

CL supply: _____

Separate / combine (- _____)

If combined supply allowance reduced to: _____

I understand that requests for contact lens prescriptions will only be honored for one (1) year from my annual exam. I agree that **my two follow-up visits, if needed, must be completed within 30 days** from my initial date of service, otherwise an additional fee will be charged.

With full knowledge of the above, I voluntarily request and consent to be evaluated with contact lenses.

Patient/Guardian Signature

Date

Annual Supply Program

- Contact lens orders with our office are now shipped directly to your house for your convenience. Annual Supplies ship free of charge, non-annual supplies has a \$7.00 shipping fee.
- Trial pairs. If you are short on lenses we will replace them free of charge until your next exam. If you are past your exam due date, but can't come in, we will give you lenses until your exam date (within 1 month.)
- Rebates. Mail-in rebates up to \$200. (Available on select lenses only.)
- 30% off non-prescription sunglasses.
- 50% off promo frame & lens packages. See sales associate for more details.