

Contact Lens Insertion & Removal Session

Patient Name _____ Date _____ Instructor _____

Your Contact Lens Brand & Type

Brand: _____

Type: (e.g., Daily / Monthly / Toric / Multifocal)

Wearing Schedule: _____

Replacement Schedule: _____

Key Reminders

Wash your hands every time before handling lenses.

Always use fresh solution—never “top off.”

Do not sleep in your lenses unless your doctor has prescribed them for overnight wear.

Follow the replacement schedule — daily lenses means one day only!

Never rinse with tap water or wear lenses while Avoid swimming or showering while wearing lenses.

Your Follow-Up Appointment

Date: _____

Time: _____

Location: _____

Common Mistakes to Avoid

Wearing lenses longer than recommended

Using expired solution

Skipping cleaning or rubbing steps

Sleeping in lenses without approval

Ignoring signs of discomfort or redness

If You Experience:

Redness

Blurry vision

Pain or burning

Light sensitivity

Excessive tearing

Remove your lenses immediately and contact us.

Office Contact Info

Phone: _____

Email: _____

After-hours instructions: _____

You're Off to a Great Start!

Practice daily. The more consistent you are, the more confident and comfortable you'll become. Don't hesitate to call us with questions. We are here to help.