

# 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.