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Patient Contact Lens Agreement

- I verify and understand any contact lens fitting fees that have been disclosed to me.
- I understand that the price of the lens materials is not included in the fitting fee.
- I understand the Doctors will make every attempt to fit me in a 90-day fitting period, and I also acknowledge that it may take more than one visit.
- If a patient is not fit within the first 90 days, I understand that additional contact lens fitting fees may apply.
- I understand that it is my responsibility to pay for my 90-day fitting period during my initial visit.
- In the case of RGP, or custom fitting, I understand that Rivertown Eye Care will exchange lenses for up to 90 days at no additional fees. I am responsible for payment of materials that are not returned to the clinic within 90 days.
- I acknowledge that it is my responsibility to keep track of the warranty period and schedule follow up visits in a timely manner to be assured that my prescription is finalized in the 90 day time frame.

Contact Lens Return Policy:

- All returned boxes must **not** be opened, damaged, or marked on.
- Contact lenses can be returned for a full refund within 30 days of original purchase date.
- Expired contact lenses cannot be returned or exchanged.
- If insurance was applied in the purchase of the contact lenses, contact lenses can only be returned for exchange or credit.
- Unopened and undamaged boxes may be exchanged if the patient's contact lens prescription changes at the time of their next annual exam.

Name: _____

Cost: _____

Signature: _____

Date: _____