

# CONTACT LENS CARE INSTRUCTIONS & WEARING AGREEMENT



**BELLEVUE**

**EYE ASSOCIATES**

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**As a prescription health device, contact lenses must be monitored on a regular basis. Your compliance with our professional care and advice is essential for successful long-term contact lens wear as well as vision preservation. It is our goal that you wear your lenses comfortably and safely at all times. This Instructions & Wearing Agreement is to insure that we have provided you with the best opportunity for a successful contact lens wearing experience.**

## **As a contact lens wearer, YOU MUST:**

- Wash your hands with soap prior to handling contact lenses.
- Gently rub your lenses in a crisscross manner when cleaning them just prior to placing in solution and the lens case.
- Dispose of contact lenses as prescribed. Disposable and planned replacement lenses are FDA approved for specific durations of time only and disposal dates should be carefully monitored and followed.
- Avoid environments that contain air-borne chemicals or irritating fumes.
- Avoid using aerosols such as hairsprays, perfumes, air fresheners, cleaning products, etc., when wearing contact lenses. Aerosol residue can linger in the air for several minutes. Areas in which an aerosol product has been used should be avoided for several minutes to allow the chemicals to disperse and settle.
- Store lenses in the recommended solutions when not wearing. Do not store lenses in a dry case without solution. Soft lenses will dry out quickly and become brittle. Discard any soft lens that has become dehydrated. Do not attempt to re-hydrate as this could change the lens dimensions.
- Discard the solution in the lens case after insertion of lenses and thoroughly rinse the case with fresh contact lens solution. Allow it to air dry and refill the case with fresh solution prior to the next storage of your lenses. Close lens case tightly.
- Replace contact lens storage cases every 1-3 months.
- Use only the recommended solution and cleaners. Do not mix or alternate brands.
- Monitor expiration dates on all solutions. Discard any remaining solution that has passed the expiration date.
- Notify your general practitioner that you are a contact lens wearer in the event you are prescribed any temporary or long-term medications. Various prescribed medications can alter the shape of your eye and the amount of tears you make. Contact lens wear may need to be suspended for the duration of treatment if recommended by your eye doctor.
- Have a current pair of eyeglasses. If eyes become irritated due to allergies, infection, or any other ocular condition or injury, contact lens wear may be suspended for an indefinite length of time requiring you to wear eyeglasses with your most current prescription.

## **As a contact lens wearer, YOU MUST NOT:**

- Insert lenses if eyes are red and/or irritated. If irritation occurs during wear, remove lenses immediately. If irritation and redness persist upon removal, call us immediately!
- Use any over-the-counter eye drops to reduce redness, dryness or allergy unless it is recommended or prescribed by your doctor.
- Wear lenses longer than prescribed. Closely monitor recommended daily wearing schedules and increase wearing time only as advised.
- Store or rinse lenses in tap water.
- Swim, shower or use hot tub while wearing soft contact lenses.
- Use saliva or put lenses in mouth to rewet. Saliva contains bacteria that can cause serious infection and damage to the eye.
- Share your contacts with others. Contact lenses are medical devices prescribed for you only.

## Discard Contact Lenses Every:

(As circled) Daily    2 weeks    1 Month    3 months    12 months

## Your Contact Lens Care Solution is:

- Multipurpose: \_\_\_\_\_
- Hydrogen Peroxide: \_\_\_\_\_

## Your Lubricating Contact Lens Eye Drop is:

- Blink Contacts™ Lubricant Eye Drops
- Refresh Contacts
- Other: \_\_\_\_\_

## Insertion and Removal Instructions

### Insertion of your contact lenses:

- Before handling your lenses always wash your hands with lanolin-free soap and water, and dry with a clean, lint-free towel.
- Remove the lens from your lens case; always start with the same lens first to avoid a mix-up.
- Place the lens on the end of your dry index finger of your dominant hand. Check the edges to ensure that the lens is not inside out.
- Add a few drops of an approved moisturizing drop to the lens before you insert.
- Using your other hand, pull and hold your upper eyelid to prevent blinking.
- Pull your lower lid down with the middle finger of the hand that's inserting the lens.
- Look up, and gently place the lens on the lower white part of your eye.
- Look down to position the lens and slowly release your eyelids.
- Close your eyes for a few seconds. Blink a few times to center the lens on your eye.
- After inserting your lenses, always remember to rinse your lens case daily with fresh solution and let it air dry.
- Replace your lens case every 1-3 months.

### Removal of your contact lenses:

- Before handling your lenses, always wash your hands with lanolin-free soap and water, and dry with a clean, lint-free towel.
- Check to see that the lens is centered on your eye.
- Look up and pull your lower eyelid down with your middle finger.
- Bring your index finger close to your eye until it covers your field of vision.
- Touch the lower edge of the lens and slide it down to the lower white part of your eye.
- Gently squeeze the lens between your thumb and index finger and remove the lens from your eye.
- After removing your lenses, always rinse, clean and disinfect them so they are ready to wear the next day.
- Follow the specific lens cleaning and storage guidelines and instructions we have provided which also may be found on the recommended solution package.

### Follow-up Exams:

It is important we monitor your adaptation to contact lenses and assess your eye health to ensure safe and successful contact lens wear.

Your next scheduled appointment is: **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

***I have read and understand the importance of these instructions as a contact lens wearer and agree to comply.***

***Patient:*** \_\_\_\_\_ ***Date:*** \_\_\_\_\_