

CONTACT LENS-WEARING AND CARING GUIDE

PATIENT NAME: _____ **DATE:** _____

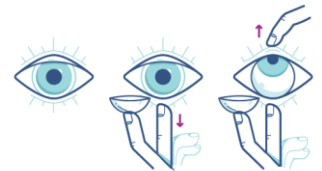
YOU HAVE BEEN PRESCRIBED THE FOLLOWING TYPE OF SOFT CONTACT LENS (CHECK):

- ☐ **DAILY LENSES:** Daily lenses are disposable, single-use contacts you throw away after a day.
- ☐ **MONTHLY LENSES:** Monthly lenses are worn for a month, removed each night, and discarded after 30 days of use.
- ☐ **MONTHLY (SLEEP-IN) LENSES:** FDA-approved monthly lenses for continuous wear up to six nights. Remove the lenses on the seventh night to allow your eyes to rest, then discard the lenses after 30 days.

Congratulations on your decision to wear contact lenses! Your success depends significantly on how you wear and care for them. This guide, tips, and instructions will help you wear your lenses comfortably and see clearly.

PLACING AND REMOVING YOUR SOFT CONTACT LENSES

First, before handling your lenses, wash your hands with scent and oil-free soap. Thoroughly rinse and dry your hands with a lint-free towel.

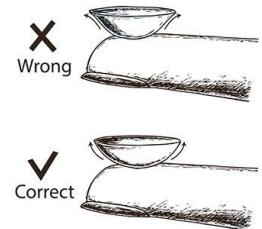


To insert a lens, place a clean lens on your index finger. While using the middle finger of the other hand to pull your upper lid upward and open, use the middle finger of the lens-holding hand to pull the lower lid downward and open. Gently place the lens onto the corner of your eye. At this point, it is important not to blink. Gently look from side to side, and when the lens is in place, slowly release your eyelids and gently close them to seat the lens on your eye.

To remove the lens, gently pull your lower eyelid down. Next, place your index finger on the lens and slowly slide it down onto the white part of your eye. While keeping your index finger on the lens, gently grasp it between your index finger and thumb and carefully remove it from your eye.

HOW TO MAKE CERTAIN THE LENS HAS THE CORRECT SIDE UP

Gently squeeze the lens between your thumb and index finger. The lens is correct if the lens creates a bowl, as shown in the photo to the right. If the edges fold outward, as shown in the photo on the right, the lens is inside out and should be reversed before being placed in your eye.



A WORD OF CAUTION

Do not sleep in your contact lenses unless you have been prescribed overnight lenses. We only recommend sleeping in the Alcon Air Optix Night & Day Aqua lenses. You must build up your ability to sleep in lenses over time. Extended periods of overnight wear can damage your eyes unless you wear the proper lenses.

EMERGENCY LENSES

We have a large inventory of contact lenses in our office. Do not wear damaged, torn, or out-of-date lenses. Please visit our office to pick up a replacement lens until your new lenses arrive.

A REMINDER ABOUT YOUR CONTACTS

Contact lenses are a medical device. Please use them as instructed by your doctor for the safety of your eyes. Even when used properly, contact lenses carry risks associated with their wear, including the possibility of eye infections and/or corneal ulceration. Please follow the tips and instructions in this Guide to minimize these risks.

REMEMBER, YOUR CONTACTS SHOULD ALWAYS:

- *See Good:* If your vision becomes blurry while wearing your lenses, please stop wearing them and contact our office immediately.
- *Look Good:* If your eyes become red and/or irritated while wearing contact lenses, please discontinue use and contact our office immediately.
- *Feel Good:* If you are excessively aware of or feel the contact lenses in your eye, please stop wearing your lenses and immediately contact our office.



CLEANING AND DISINFECTING YOUR CONTACT LENSES:

Always wash your hands with scent and oil-free soap. Thoroughly rinse and dry your hands with a lint-free towel.

USING OPTI-FREE PURE MOIST MPDS:

1. Remove and clean one lens with our recommended multipurpose solution, Opti-Free Pure Moist. The FDA recommends rubbing the lens in the palm of your hand with a few drops of the solution.
2. Rinse the lens with Pure Moist. This is an essential step in your lens care.
3. Place the clean lens in your clean case and fill it with Pure Moist; do not top off the old solution.
4. Repeat the above for the other lens.



USING CLEARCARE:

1. Remove one lens and place it in the supplied lens holder.
2. Remove the second lens and place it in the supplied lens holder.
3. Fill the supplied - plastic vial up to the mark with the ClearCare solution.
4. Place the supplied lens holder into the solution vial.
5. Store your lenses for at least 6 hours overnight.
6. **NEVER** put the ClearCare Solution into your eye.



INFORMED CONSENT

I have been informed that contact lenses are considered a medical device, and as such, individuals who wear contact lenses are required to have their eyes examined. It has been explained to me that blurred vision, a feeling of something in my eye, a sensation that the eye is scratched, redness, discharge, pain, or light sensitivity could be a sign of an eye infection, corneal ulcer, or other medical problem, and I need to see an eye doctor promptly.

I have received a copy of the Contact Lens Wearing and Caring Guide and acknowledge that I have been told to read it entirely. By signing, I also acknowledge that my eye doctor provided me with a copy of my contact lens prescription.

Patient Name: _____ D.O.B.: _____

Patient Signature: _____ Date: _____

Parent or Guardian Name: _____ Signature: _____

(Parent/Guardian must sign if the patient is under 18 years of age)