



THERAPEUTIC CONTACT LENS TREATMENT CONSENT FORM

Overview

This information is provided so that you can make an informed decision about being fitted with Therapeutic Rigid Gas Permeable (RGP) contact lenses. These lenses are non-surgical options to patients seeking relief from unsuccessful corneal refractive surgery, penetrating keratoplasty, keratoconus, dry eye disorder, and other ocular disease.

Outcomes

I understand that the goals for fitting RGP lenses are:

In giving permission to be fitted with contact lenses, I understand the following:

1. Therapeutic RGP lenses are larger than traditional hard contact lenses. Some lenses may rest partially on the white part of the eye (sclera).
2. Because of their size, these lenses may be more difficult to insert and remove than other lenses.
3. Unless otherwise indicated, I must not sleep or nap with the lenses.
4. It may be necessary to remove the lenses several times per day to rinse and re-insert.
5. If prescription eye drops are prescribed, the lenses may need to be removed for instillation.
6. Optimal wearing times cannot be determined in advance, and vary for each person.
7. Though every attempt has been tried during the assessment process to determine the possibility of achieving the aforementioned outcomes, any undesirable reaction to the lenses may preclude wearing the lenses.
8. There are risks similar to those of traditional contact lenses and these risks may be greater in eyes with unsuccessful corneal refractive surgery, penetrating keratoplasty, keratoconus, dry eye disorder, and other ocular disease.
9. There may be other unforeseen issues related with the fitting and wearing of the Therapeutic RGP lenses.
10. Results of the Therapeutic RGP lenses cannot be guaranteed.
11. The name and address of a local doctor who has agreed to provide ongoing care if other than Dr. Gemoules, must be provided.
12. Fees include all professional services for 1 week and all necessary lenses. Additional fees will be billed for (a) additional lenses, (b) multifocal, bitoric, or wavefront designs, or (c) additional time beyond one week.

Consent to Proceed

Having this form and spoken with the doctor or his authorized representative, my signature acknowledges that I voluntarily give my permission and consent to be fitted with RGP lenses.

Print:

Signature:

Date:

Patient or person authorized to sign for patient

Date:

Doctor Signature