

Patient: \_\_\_\_\_

Date: \_\_\_\_\_

## Ortho-K Agreement

We would like to take this opportunity to welcome you to our Ortho-K program.

Ortho-K is the process by which gentle corneal reshaping is achieved through the overnight wear of specially designed gas permeable contact lenses, resulting in clear distance vision throughout the day without the use of additional corrective aids. Ortho-K is a temporary and fully reversible procedure. Without the nightly wear of the corrective lenses your vision will slowly revert to your original prescription. Adhering to the wear schedule provided will result in optimal performance of the lenses.

Introduction: Throughout this document we will outline the expectations, time frames, costs and risks involved with the treatment.

**Treatment period-** We anticipate an initial treatment period of three months. Most patients will be able to see comfortably within the first 72 hours of treatment without additional correction, however, full treatment may not be achieved for 1-2 weeks.

A typical follow up schedule will be as follows:

1. 1<sup>st</sup> day fit and training- Training and initial fit will be performed. Lenses will be worn for the first time the night prior to your 1-day follow-up visit.
2. 1 day follow-up- This appointment will be set at the conclusion of your 1<sup>st</sup> day fit and training. You will wear your lenses for the first time the night prior to this visit. The morning of your visit you will come in prior to removing the lenses (if possible). You will remove your lenses for the first time in the office.
3. 1 week follow-up visit
4. 1 month follow-up visit
5. 3 month follow-up visit

The actual treatment length and number of appointments required may vary depending on your ability to adhere to the wear schedule and the flexibility of your cornea. Following all wear schedules and care instructions will be crucial in completing the process in the allotted time frame.

**Cost-** The cost of Ortho-K will vary based on the complexity of your prescription and the shape of your cornea. Due to the extended care and lens changes occasionally involved with the initial reshaping period the first year is more costly than subsequent yearly examination packages.

The initial fit package is all inclusive and covers the initial fitting, 1 pair of retainer lenses and all Ortho-K related follow up care for three months. Based on your initial evaluation, your fees for the 1<sup>st</sup> year are **\$1,800** (including one pair of CRT lenses). Any eye health related visits during this time will be billed to your medical insurance, if applicable.

The fees for each subsequent year are **\$800** and include the Ortho-K evaluation, one new set of retainer lenses and any follow-up care necessary up to 3 months (annual eye exam and optomap fee are not included). In most cases, follow-up care is very minimal in subsequent years unless major changes to the lenses are made. **Due to the necessity of yearly evaluations, you must return within 12 months of your final Ortho-K follow up in order to qualify for this reduced pricing.** Failure to return in a timely manner may result in the need to be re-fit at the year 1 pricing.

**Spare Pair-** A spare pair may be purchased at the retail price of **\$380**.

**Risks-** While no harmful health risks to your eyes are anticipated from wearing the retainer lenses, as with any contact lenses there are potential risks of irritation to the eye, infections or corneal ulcers. To minimize these risks, please be sure to always wash your hands prior to inserting or removing your old lenses and follow all care instructions for the lenses. Should you develop any unusual symptoms or prolonged discomfort, remove your lenses immediately and contact our office to schedule a follow up appointment.

**Discontinuing Ortho-K-** Should you discontinue Orthokeratology anytime during the first three months of treatment, our office will refund **\$900 (50% of \$1,800 the 1st year global fee)**, as the majority of the cost is based on the doctor's services.

**Voluntary Consent-**I have read all the above information in the Ortho-K agreement. I understand what I have read, and everything has been clearly explained to me. I understand that due to unique physiologies this procedure cannot be guaranteed. I understand the doctors do fully assess as many factors as possible to determine the likelihood of success and have discussed my potential outcome. Although it is impossible for my eyecare provider to inform me of every possible complication, she has answered all questions to my satisfaction and has assured me that I will be advised of any new risks if they develop and will answer any further questions I may have about this treatment. Should any complications occur, I agree to contact our doctors immediately at **(925)481-5641** by text message or

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Initial \_\_\_\_\_

Patient Signature \_\_\_\_\_

Responsible party signature (if under 18) \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_