

**Greenberg Laser Eye Center**  
3001 W. Big Beaver Rd., Ste. 105, Troy MI 48084  
(248) 649-2820 Fax (248) 649-1444 [www.greenbergeye.com](http://www.greenbergeye.com) vision@greenbergeye.com

## Contact Lenses

Dear Patient:

### Do you presently wear contact lenses?

You will need a contact lens exam in addition to your ophthalmic exam on your next visit. The doctor and medical staff will check your vision with your contact lenses and then measure the fit, base curve, diameter, power, and movement of your contact lenses on your eyes. The doctor will make any changes necessary to ensure the health of your eyes and that you have the best vision possible with your contact lenses. There will be an additional charge for this contact lens exam.

### Would you like to wear contact lenses?

Greenberg Laser Eye Center would be happy to fit you with contact lenses if you are a good candidate. New contact lens wearers will receive the following: instructions on handling and caring for your contact lenses, instruction on insertion and removal of your contact lenses, free trial lenses (disposable lenses only), two contact lens follow-up visits, and a kit containing cleaning solution and a case. These services are typically not covered by insurance providers, however some insurance plans cover a portion of the cost of the contact lenses. Our on-site optician will be happy to discuss contact lens options with you.

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Contact Lens Service Agreement

I understand that a contact lens examination is separate from a comprehensive ophthalmological examination. The contact lens examination requires additional testing to formulate a prescription which differs from an eyeglass prescription. A typical contact lens prescription consists of the base curve, diameter, power, proper movement, brand and style of the lens. My initial contact lens examination which also includes a care and handling educational tutorial, trial lenses, cleaning kit and a follow up visit is \$120.00. The annual contact lens exam examination fee is \$60.00.

At Greenberg Laser Eye Center, we strive to give our patients the very best in eye care to preserve ocular health and vision for a lifetime. Thank you for choosing our office for your contact lens needs.

I understand the contact lens service agreement.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Ask us about a rebate on a 12-month supply of contact lenses**

**Use your HSA or FLEX SPENDING account towards your contacts lens purchase**