CONTACT LENS INSTRUCTION CHECKLIST

PATIENT NAME: _____

ACCOUNT NUMBER: _____

Lenses Fitted:

RE:_____

LE:_____

Solution/Starterpack given:

□ Hy-Care □ Complete □ BioTrue

□ Aosept □ Other _____

Explained Inserting: Y / N

Explained Removal: Y / N

Explained Cleaning & CL Hygiene: Y / N

Wearing Schedule:

□ Wear 4hrs 1st day, then increase 2hrs per day up to 10-12 hrs per day

Other: _____

Contact Lens Replacement:

□ Day □ 2weeks □ 1month

DOCUMENTS	GAVE TO PX Y/N	COPY IN PX'S CARD Y/N
CL instructions		-
CL Do's and Don'ts		-
Signed Indemnity		
Signed Wearing Schedule		

Px leaving practice with CL's in eyes? Y / N

_____ _____

Instructor Patient

_____ _____

Optometrist Date