

Ophthalmic Physicians of Monmouth  
MARK L. ENGEL, M.D.  
RONALD D. KLUG, M.D.  
JASON I. STEINFELD, M.D.  
ARTHUR L. SIEGEL, O.D.

### CONTACT LENS INSTRUCTION FORM

In order to maximize the convenience of wearing contact lenses, and to promote good eye Health, I agree to do the following as prescribed by my doctor.

- Wash my hands with a non-creamy soap, rinse them thoroughly, and dry them with a clean, lint-free towel (never tissues), before I handle my lenses each time.
- Wear my lenses for a MAXIMUM of      days on a      wear basis.
- Place only MADE FOR CONTACTS rewetting drops in my eyes while I am wearing my lenses.
- Use only MADE FOR CONTACTS (all in one) disinfecting and cleaning solutions and follow the appropriate procedures as prescribed by my doctor.
- Dispose of my lenses immediately after      weeks as prescribed by my doctor.
- Remove my lenses if my eyes become uncomfortable or red, or if my vision blurs, and call this office immediately. Also, I will never insert a new lens if my eye is uncomfortable or red.
- Insert my lenses only after showering, washing my face, using hair sprays or other aerosols.
- Remove my lenses before I go into a sauna, hot tub, swimming pool or beach.
- Understand that my prescription for contacts lenses expire in 2 years and I must have a full exam to have my prescription renewed.
- Return to this office in 1 - 2 weeks to have my prescription and eye health checked. Wearing lenses in your eyes. After your 1 - 2 weeks recheck with your lenses your supply will then be ordered.

I have read and understand the above directions and am aware of the potential risks associated with contact lens wear. For this reason, I understand that periodic checkups are extremely important and my signature below indicates that I agree to adhere to them.

---

Patient's Signature

---

Date