

Patient Name _____

Date _____

You have the right to be informed about your ocular condition and the recommended contact lens treatment. Knowing the risks and benefits involved in wearing contact lenses will help you make a decision on whether or not to proceed with the recommended treatment.

There are several inherent risks in wearing contact lenses as well as possible negative outcomes. Even with proper contact lens care and handling, patients can still develop contact lens-induced corneal ulcers and ocular inflammation. Other forms of ocular surface disease such as allergies or toxicity reactions can also occur secondary to wearing contact lenses. In the most severe cases, contact lens-induced complications can result in hospitalization and corneal transplantation.

CONTACT LENS FITTING DISCUSSION: PARQ

Prescribed Contact Lenses Discussed _____ Initials
 Alternatives to Contact Lenses Discussed _____ Initials
 Risks of Wearing Contact Lenses Discussed _____ Initials
 Questions about wearing Contact Lenses Discussed _____ Initials

Doctor _____

I (we) _____ (print name) voluntarily request the above named doctor to treat my eye condition, eye disease or eye injury. This has been explained as:

Prescribe contact lenses discussed, alternatives to the treatment, risks associated with the treatment, possible complications from the treatment, and the risks of non-treatment have been explained to me and I understand them.

1. I (we) have been giving an opportunity to ask questions about my eye disease or eye injury.
2. I (we) understand that no guarantee or assurance has been made as to a result or cure.
3. I (we) understand that there is a small but real possibility of vision loss from wearing contact lenses.
4. I (we) understand that there is a small but real possibility of blindness from wearing contact lenses.
5. I (we) understand that contact lenses are being recommended to treat my ocular condition.
6. I (we) voluntarily consent to and authorize the doctor to perform this treatment.

Patient's Signature _____

Witness _____

Date _____

Time _____