



New Century Ophthalmology Group, PLLC

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CONTACT LENS CARE GUIDE AND RESPONSIBILITIES

Proper care is necessary for successful, comfortable wear; maintenance of the contact lenses and most importantly, protecting optimum eye health. You will be required to clean, disinfect, and properly store your lenses and cases. Use them only as prescribed.

- Always make sure lenses are right side out before insertion. The edges should ‘roll up’ at the lens profile, forming a ‘cup’. If the edges are flared, the lens may be inside out. An inexpensive magnifier may be very helpful with this evaluation.
- After removing lenses, clean properly and place in lens case, using new solution every day. Lenses should be stored for at least 4 to 6 hours for complete disinfection (except for one day disposables).
- Do not clean SOFT lenses with water.

Wear lenses for 2 hours on the first day and increase wear by 2 hours each day until 10 hours have been reached.

If any of the following unexpected symptoms occur, remove your lenses immediately and call our office:

1. **Eye pain or redness**
2. **Decrease in vision, Cloudy or foggy vision**
3. **Excess watering of the eyes**
4. **Increased light sensitivity**

As with any other drug or medical device, contact lenses are not without risks and must be monitored on a regular basis. A small percentage of daily wearers or extended wearers develop vision threatening complications, including corneal ulcers. Professional follow up care, along with your strict adherence to care and cleaning, are the most important elements in successful contact lens wear.

Follow up office visit: _____ **Contact Lens Solution:** _____

By my signature, I acknowledge that I have read, understood, and received a copy of this document. I have also read, understood and received a copy of the “CL informed consent”. I understand the importance of regular follow-up examinations, agree to keep my scheduled appointments and follow the doctor’s advice for safe contact lens wear. I understand the doctor reserves the right to terminate the contact lens program if I do not comply with the prescribed procedures.

Patient Name/Signature

Date