

CONTACT LENS CONSENT FORM

VHA HANDBOOK 1173.12 (paragraphs 8-10)

Patient Name Last 4

“Contact lenses may be provided to eligible beneficiaries with monocular aphakia, binocular aphakia, severe astigmatism, pathologic myopia, keratoconus, aniseikonia, or other ocular and vision conditions, when prescribed by a VA or fee-basis ophthalmologist or optometrist and only when contact lenses are superior to eyeglasses in improving or protecting the beneficiary’s visual or medical function.

Replacement contact lenses are provided to eligible beneficiaries upon approval of a staff ophthalmologist or optometrist.

Replacement contact lenses are not normally provided to beneficiaries unless medically necessary for the continuation of post-hospital care treatment for a condition which requires contact lenses.

Beneficiaries who are enrolled and who have an eye or vision condition requiring contact lenses may be provided a second lens or pair of lenses when loss or destruction of the beneficiary’s contact lens(es) creates a severe hardship or a compelling medical need.”

Problems with contact lenses or lens care products could result in serious injury to the eye. Improper use of contact lenses or contact lens care products could also result in serious injury to the eye. Proper use and care of contact lenses and lens care products, including lens cases, are essential for the safe use of these products.

Eye problems, including corneal ulcers, can develop rapidly and may lead to loss of vision and possibly the eye.

Contact lenses are contraindicated when any of the following conditions exist:

- *Acute or subacute inflammation or infection of the anterior chamber of the eye
- *Any eye disease, injury or abnormality that affects the cornea, conjunctiva or eyelids
- *Severe insufficiency of lacrimal secretion (dry eyes)
- *Corneal hypoesthesia (reduced corneal sensitivity), if not-aphakic
- *Any systemic disease that may affect the eye or be exaggerated by wearing contact lenses

IF PATIENTS EXPERIENCE EYE DISCOMFORT, EXCESSIVE TEARING, VISION CHANGES, REDNESS OF THE EYE OR OTHER PROBLEMS, THEY SHOULD IMMEDIATELY REMOVE THEIR LENSES AND PROMPTLY CALL

THE EYE CLINIC. IF THE EYE CLINIC IS NOT OPEN, THEY SHOULD IMMEDIATELY SEEK CARE AT THE CLOSEST EMERGENCY ROOM.

It has been explained and I understand that contact lenses are a medical device. I acknowledge that the wearing of contact lenses is not without risks and can result in adverse reactions including but not limited to: eye discomfort, eye ulcers, eye infection, eye inflammation, tearing, redness, allergic reaction and loss of vision/eye.

I agree to be fitted for contact lenses and accept the risks involved. I further agree to:

- *Follow the recommendations and advice of my doctor, including following all contact lens wear and care instructions.
- *Keep all scheduled eye clinic appointments, reschedule a missed or cancelled appointment within 4 weeks of the original appointment.
- *Notify my doctor of any problems encountered with my eyes or contact lenses when the problem is first noticed.
- *Remove my contact lens(es) at the first sign of any eye problem.
- *Discontinue contact lens wear when directed by my doctor.

I understand that if I do not comply with the above restrictions, any contact lenses I have must be returned and I will be discontinued from the contact lens clinic.

Patient (Print)

Last 4

Patient (sign)

Provider

Witness

Date

Are there any other approved VA informed consent forms that could be used as a model or template for this Contact Lens Consent Form?