Lakeside Family Eye Care 16250 Duluth Ave SE #100 Prior Lake, MN 55372

952-447-2020

Are you interested in contact lenses?		
YES	NO	
VEO: Contacto and an all		
there will be a fee. The	evaluation fee depends	e interested in a contact lens evaluation on the type of lenses the doctor though you may be a current contact
NO : If at this time you are NOT interested in being evaluated for contacts, we ask you to please take out your lenses. Without a contact lens evaluation, you will NOT receive a contact lens prescription.		
What does the Prof	essional Evaluation	າ include?
 Measurements beyond the general ophthalmic examination to determine the best contact lenses for you 		
 Trial contact lens 	es	
 All contact lens related visits for 90 DAYS; this DOES NOT include medical visits such as eye infections, corneal abrasions, etc. If the evaluation is not completed in 90 days, a \$39 fee will be due at each visit. 		
Replacement of controls	defective lenses	
When is the Profes	sional Evaluation fe	e due?
Your fee for the evaluati	on/re-evaluation of conta	act lenses will be due the day of service.
Print PATIENT Name:_		Date:

Signature of <u>patient</u> or <u>parent</u> if minor