



**GLENBROOK HOSPITAL**

**Eye & Vision Center**  
2050 Pfingsten Rd  
Suite 280  
Glenview, IL 60026  
Tel: 847-657-1860  
Fax: 847-657-1890

**The Eye and Vision Center at Glenbrook Hospital** requires that all contact lens patients have annual, comprehensive eye exams. This ensures (1) contact lens related problems can be identified and treated before potential vision threatening damage can occur, (2) contact lens prescription can be updated. Contact lenses will not be dispensed beyond one (1) year (365 days) from your last eye exam without annual comprehensive exam. It is the patients' ultimate responsibility to schedule a yearly eye exam to ensure adequate time for reorder of new supplies.

**Payment Policy-** The fitting fee is billed to the patient at the time the service is initiated. For re-orders of supplies or replacement lenses, Please call and provide the following: (1) amount of supply (2) which eye/both eyes (3) will pick-up or request mail (if mail is requested, please confirm address). All fees and contact lens cost will be billed directly by hospital.

**Refund/exchange policy-** All conventional rigid gas permeable (RGP) lenses will be warranted for a period of sixty(60) days. All multi-pack (soft) lenses, such as disposables in "blister packs" are non-refundable/exchangeable once the box is opened. Any lenses in vial/jars are returnable/exchangeable for replacement before 60 days in its original vial.

**Follow-up care-** After the initial fitting process is completed we will continue to provide contact lens follow-up evaluations indefinitely. During this period of time an office visit charge may be incurred for any visit unrelated to contact lenses i.e. eye infection, pain, redness etc.

\$\_\_\_\_\_ Fitting fee- includes all professional fitting time and follow-up care

\$\_\_\_\_\_ for contact lenses supply

*(Circle one) each lens each box year supply # \_\_\_\_\_boxes, vials.*

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I \_\_\_\_\_ understand and agree to all policies outlined above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_