



SEESHARP

p (215)372-0147 - 524 S. 2nd Street - f (215)372-0157
Philadelphia, PA 19147
seesharpeyecare.com

Orthokeratology Treatment Agreement

We welcome you into our orthokeratology treatment program. You are beginning an exciting program designed to reduce and/or eliminate your dependency on eyeglasses or contact lenses during the day by reducing or eliminating your myopia (nearsightedness).

Ortho-K therapeutic lenses will gently and non-surgically reshape your corneas as you sleep.

PROFESSIONAL FEES

Your ortho-k program is **12 months** in length. Each custom fitting is unique, and your doctor will establish the level of service required for the optimal result. As outlined below, the fitting, all follow-up visits in a 12 month period, and a pair of lenses are included in one global fee that is adjusted after the first year of initiating treatment. One spare pair of lenses is **included** in Year 1 only after the initial fitting is finalized.

Year 1: \$2950

Years 2 and beyond: \$850

This fee includes the following:

- Evaluation and fitting of your ortho-k lenses
- Corneal topography
- All lens changes and breakage warranty for the first **3 months**
- Free shipping of all exchanged lenses
- One pair of lenses
- Additional lenses if required can be purchased at \$198 per lens
- All follow-up appointments and topography testing for 12 months

This fee must be paid in full prior to the dispensing of your first pair of ortho-k lenses

Visit this link for special financing through CareCredit



DISCONTINUATION OF ORTHOKERATOLOGY

In the rare occurrence of discontinuation of ortho-k wear by the patient or advised by the doctor, professional and product fees will be applied to your account at a rate of 50% to be used for alternative vision correction means.



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PATIENT RESPONSIBILITIES

1. Follow all verbal and written instructions.
2. Attend all scheduled appointments.
3. Use only the prescribed lens care system.
4. Comply with the prescribed wearing schedule for the lenses.
5. Report all treatment related emergencies immediately by contacting our office by phone or by email. If after hours, please call 911 or visit your nearest emergency department

LOOKING AHEAD

After the first year of treatment, you will automatically be enrolled in an Orthokeratology Maintenance Program which includes all ortho-k follow-up appointments for the next 12 months. This program is **\$850 total** for 12 months of coverage and one pair of new lenses and will be continued on an annual basis.

INFORMED CONSENT

I understand that this procedure is designed to change my vision through corneal reshaping. There is no guarantee that my uncorrected vision will improve following Orthokeratology. I understand and agree to seek immediate care by calling or texting (215) 372-0147 or by email at info@seesharpeyecare.com during regular hours or emergency services during after hours, should I notice pain, excessive redness, or vision loss.

TREATMENT PLAN ACCEPTANCE

I have read and understand the above, and I am in complete agreement with the contents of this document. The undersigned hereby agree to the terms of this agreement and agree to perform their responsibilities in an effort to achieve optimal success in the Orthokeratology treatment.

Print Patient Name

Patient Date of Birth

Legal Guardian Printed Name (if applicable)

Patient/Legal Guardian Signature

Date