



**Release form for Halloween Costume Contact Lenses**

1. I understand that all costume contact lens sales are final. There will be **no refunds** on any contact lenses.
2. I am at least 12 years old.
3. Please initial which applies to you:

I am a *new contact lens wearer* and will pay a **non-refundable \$50 training session** before I receive my contacts. If I cannot pass the training session, then I will not be eligible to order contacts. The training session will cover removal and insertion training, contact lens care training, and potential contact lens-related problems (infection, etc.). I will also be given a starter kit, which includes cleaning solution and a storage case. Any follow-up visits will require an additional charge. Please initial here \_\_\_\_\_

**OR**

I am an *existing contact lens wearer*. I have a recent, unexpired contact lens prescription that will be used to order the power of the costume contact lenses. I release Acuity Vision Optometry Boutique and its doctors and employees from any liability resulting from improper usage of contact lenses (wearing more than 12 hours/day, sleeping in contacts, improper cleaning, using wrong contact lens solutions, incorrect power or base curve supplied by patient, sharing contacts with others, etc.) Please initial here\_\_\_\_\_.

4. I am aware that improper usage of contact lenses may result in corneal abrasions, corneal edema, corneal ulcers, decreased vision, and/or eye infections.
5. I will seek the care of an eye doctor immediately should I experience pain, decreased vision, or redness and discharge in my eye(s).

Print Recipient Name

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Patient/Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

\*copy of this release form available upon request

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