

RECOMMENDED DIAGNOSTIC TESTS

We strongly recommend as your eye care professionals, that all patients receive the following tests. These tests are included as part of our comprehensive eye exam. (Please note: Our basic eye exam does not include these tests.)

Visual Field Screening – A new and highly sophisticated instrument enables us to check for loss of sight centrally and peripherally. This assists us in the detection of glaucoma and other eye diseases. If further testing is required that could incur additional costs this will be discussed and permission received prior to performing those tests.

Dilation – This test allows Dr. Fife to thoroughly evaluate the inside health of the eyes.

_____ YES, I would like the Visual Field test performed

_____ YES, I would like to be dilated. I understand that this may make me more sensitive to light and unable to focus at near for several hours.

_____ NO, I am refusing any tests not marked above. I will hold Dr. Fife harmless for any pathology missed by not allowing these tests, but understand that I will be given an opportunity to accept them if needed for proper diagnosis.

Initial Here _____

SPECTACLE REMAKE POLICY

We will start your custom spectacle order immediately. For this reason, cancellations on spectacles are not permitted. All glasses are custom crafted for each patient with their unique prescription. Also, all spectacle lenses are custom cut to fit the frame each patient has selected. Therefore, patients may not switch frames after their lenses have been cut. Our lab charges us to create your spectacles. Once they begin the process, they will not refund your money to us. For these reasons, cash refunds are not possible. At the doctor's discretion, patients who are not satisfied with the vision in their new glasses will have their prescription adjusted at no cost, within 30 days of the original purchase date. Cash refunds are not available on progressive lenses. However, any patient who fails to adapt to their new progressives will have their prescription remade one time into a lens of their choice at no additional charge.

*We require payment in full on all eyeglass and contact lens orders.

Signature _____ **Date** _____