**Scleral Lens Consent Form**

Scleral lenses are large diameter, gas permeable contacts that are designed to vault over the entire cornea (clear covering of the front of the eye) and rest on the sclera (white part of eye).  This allows them to essentially replace the cornea with a perfectly smooth optical surface making them a perfect option for people with irregular corneas.  In addition, the vaulted space between the cornea and the contact lens is filled with artificial tears or non-preserved saline which acts as a fluid reservoir which can provide comfort to people with severe dry eyes who otherwise could not tolerate contact lens use.

**BENEFITS:**

* Provide superior vision for irregular corneas (ie: keratoconus, post surgical, scars, etc)
* Provides moisture reservoir allowing for treatment of severe dry eye or for those intolerant to other lens types
* Customizable to fit almost any eye
* May eliminate or postpone surgical procedures that were previously needed to provide adequate vision for irregular corneas.
* Improved comfort, stability and centration compared to smaller diameter RGP/hard lenses
* Can correct nearsighted, farsighted, astigmatic prescriptions
* Available in bifocal designs

**POTENTIAL RISKS & COMPLICATIONS:**

As with any medical treatment, there are risks and potential complications that may arise. By closely following your doctor’s advice, you will limit the likelihood of these adverse reactions.

* Infection/Inflammation: If scleral lenses are not cleaned, stored or handled as instructed, an eye infection or inflammation may occur. This can be serious and sight-threatening. If signs of infection or inflammation occur, prompt (same day) attention should be sought. Signs include (but are not limited to) pain, redness or light sensitivity once the lens has been removed.
* Corneal abrasions: An abrasion or scratched cornea typically occurs while removing the lens from the eye. These typically recover quickly and completely, but may require treatment. Prompt (same day) attention should be sought for any painful or red eye once the scleral lens has been removed.
* Neovascularization: If the eye does not receive proper oxygen, new blood vessels may grow into the clear cornea which can lead to scarring and vision loss.

**ALTERNATIVES:**

Scleral lenses are used to provide the user with clear vision, typically in the case of irregular corneas or severe dry eyes. As a means of providing clear vision, there are several alternatives to be considered when selecting the best treatment option:

* Glasses
* Traditional contact lenses (soft, RGP, etc)
* Eye Surgery (LASIK, PRK, Corneal Transplant, INTACS, etc.)

**FEES/INSURANCE COVERAGE:**

As scleral lenses are specifically customized to your eye and require advanced expertise and training to fit, the process to design these devices takes significantly longer than other types of contact lenses. Because of this, the fees associated with both the fitting and the cost of the contact lenses themselves are typically higher than other types of contact lenses.

We will discuss the expected fees of your individualized treatment with you prior to beginning the process. These fees will depend on your insurance coverage as well as the anticipated size and customizations needed to successfully fit your eyes. The fees are split into a fitting/design fee which is due at the time of your scleral lens fitting. This fee is non-refundable. The second fee is the purchase of the scleral lens. It is important to note that it is possible for the price of your lens to change as your fitting progresses depending on the design customizations required to achieve a satisfactory fit. We will make every attempt to notify you when a design change will affect the cost of your lenses. We require a 50% deposit of the anticipated cost of your lenses prior to ordering them. The remaining balance is due upon completion of your fit.

In many, but not all, instances, either your medical or vision insurance may help to cover a portion of the costs associated with treatment with scleral lenses. We will do our best to explain how your individual plan treats these devices.

Our office also offers financing programs if you are interested.

**INFORMED CONSENT:**

In signing this informed consent, I have read and understood the risks, benefits, alternatives and requirements of being fit with scleral lenses. I understand and accept the costs of my treatment and will make prompt payments. All of my questions have been answered to my satisfaction. I will attend all appointments and follow the recommended advice of the doctors and staff to minimize my risks and enhance the likelihood of success with my treatment.

Patient Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian Name (Printed), if patient is <18 years old: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature (Guardian, if patient is <18 years old): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_