

# Purchasing Policies

\*Upon purchasing products at Precision Optometry you are agreeing to all policies that apply

- ★ **Patient's Own Frame Disclaimer:** Precision Optometry will take the patient's frame. **If your personal frame breaks at the lab or during shipment, Precision Optometry will not be held liable.** Patients may receive a 50% discount if the frame breaks. This will exhaust your one time redo
- ★ **Lens only order:** Patient will keep the frame. There may be a chance that the lenses can be made too big or too small, **if the lenses come back from the lab and the lenses are not the correct size we will have to send your frame.** No exceptions.
- ★ **Dr Redo Policy:** Patients have 3 months and only 1 chance from the order date to make any and all changes to their lenses. Any upgrades after the patient receives their glasses will be based on usual and customary prices. **No refunds will be given if the patient chooses a less expensive lens option.**  
*Applicable charges may apply*
- ★ **Frame Warranty:** All frames have a 1 year warranty against manufacturer defects. **Frames are not warranted against accidental breakage.** If the frame breaks after the 1 year warranty expires, patients may purchase a new frame at retail cost.
- ★ **Lens Warranty:** Standard Anti-reflection coatings will have a 1 year, 1 time warranty. Premium Anti-glare coating will have a 2 year 2 time warranty.
- ★ **Frame restyle policy:** **No frame re-styles will be allowed 30 days past the original order date.** Patients are ultimately responsible for choosing their own frame, style, fit and color. If the patient chooses to proceed with a frame restyle they may choose a new frame and will **receive 50% off the retail price and they will have to pay a \$25.00 restyling fee.** The original frame and the old lenses belong to Precision Optometry. The patient can use their One-Time Redo to remake the lenses in their new frame. If the patient does not have a Redo available the patient will pay for the lenses that will go into the new frame.
- ★ **Contact lens policy:** **No returns or exchanges after 60 days of purchase date,** contact lens boxes can only be returned or exchanged if they are unopened or undamaged. **There will be a \$5.00 shipping fee that will be deducted from the original transaction.** Any contact lenses that patients order are their responsibility, if they decide to return them they will be responsible for any and all charges from the manufacturer. Patients have 30 days from the initial contact lens fitting to make any changes to the contact lens prescription. *Applicable charges may apply*
- ★ Precision Optometry will not refund and charge a different card past the day of original purchase. Please bring the appropriate payment card for your appointment
- ★ As of 2024, Precision Optometry will no longer take "half payments". The patient needs to pay for their purchase in full before we start the order

## Consent to the Retinal Scan or Dilation Eye Drops

The **Retinal Scan** procedure can monitor for retinal complications including macular degeneration, glaucoma, and retinal holes or detachments. It can also detect early signs of problems unrelated to the eye including hypertension, auto-immune disorders, cancer/tumors and others.

\*Dr. Brooks recommends this method as it the safest method in monitoring the health of your eyes.

**Some benefits to the Retinal Scan include:**

- ✓ It is as fast as taking a picture.
- ✓ DOES NOT REQUIRE dilating drops. Potentially eliminating a 30-minute wait and avoiding side effects such as blurry vision and light sensitivity.
- ✓ Images will be saved in your file enabling Dr. Brooks to make important comparisons during your annual eye exam from year to year.

**\*\*This procedure is not usually covered by insurance; the copay is \$49.00.** Please ask front desk for details.

A **Dilation Eye Drop** is to visualize the health of your eyes to screen for retinal diseases, such as macular degeneration, glaucoma and more. These eye drops will result in blurry near vision and light sensitivity for 2 to 6 hours, depending on the individual. This should not affect your ability to drive, but please exercise caution while on the road.

**\*\*Insurance covers this procedure at no charge.**

If you would like both procedures, Dr. Brooks will recommend starting with the less invasive Retinal Scan first, then if necessary, the dilation procedure.

You may opt-out of both procedures, however, in doing so, Dr. Brooks is incapable of determining if your eyes have one or more of several eye conditions. **Conditions which can result in permanent blindness or vision degeneration such as Macular Degeneration, Retinal Detachment, etc...**

**Are you currently nursing or pregnant? YES NO**

1. I agree to have the Retinal Scan at this visit. \*copay of \$49 may apply.  
**YES NO**
2. I am declining the Retinal Scan and agreeing to Dilation at this visit.  
**YES NO**
3. I am choosing to reschedule the dilation procedure within 30 days if needed.  
**YES NO**
4. I understand that if I reschedule the dilation procedure, a separate office visit fee may apply.  
**YES NO**

By signing below, you have read our policy and recommendations.

Patient Name: \_\_\_\_\_ Relation to Patient: \_\_\_\_\_

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