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### Tips for safe contact lens wear:

1. Always wash your hands before handling lenses to reduce the chance of getting an infection.
2. After removing lenses, clean them by rubbing and rinsing – even with “No Rub” solutions.
3. Clean, rinse, and air dry your lens case each time lenses are removed. You may want to flip over your lens case while air drying so that excess solution can drain out of the case. Contact lens cases can be a source of bacterial growth. Replace your case every 3 to 6 months.
4. Use only cleaning and disinfecting products recommended by your doctor.
5. Use fresh solution whenever lenses are disinfected. Never re-use or “top off” old solution.
6. Wear and replace your lenses as prescribed by your doctor.
7. Don’t expose your contact lenses to any water: tap, bottled, distilled, lake, or ocean water. Exposure of contact lenses to water has been associated with *Acanthamoeba* keratitis, a corneal infection that is resistant to treatment and cure.
8. Don’t put your lenses in your mouth to wet them. Saliva is not a sterile solution.
9. Do not sleep or nap in your contact lenses unless your doctor has prescribed a specific contact lens for extended wear. Sleeping in your lenses causes an increased risk of eye infection, even if your lenses are FDA approved for overnight wear.
10. Remove lenses immediately and contact your doctor if your eyes: feel irritated, painful, or light sensitive; have excessive watering or discharge; appear red/bloodshot; or if vision suddenly worsens.
11. Be sure to wear your contacts to your follow up appointments.

**Contact lens replacement schedule:** \_\_\_\_\_

**Recommended cleaning solution:** \_\_\_\_\_

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Patient’s Name: \_\_\_\_\_ DOB: \_\_\_\_\_

I acknowledge that I have received and understand the above instructions on the care and handling of my contact lenses. I have been informed of the necessity for periodic examinations to monitor my eye health and condition of my contact lenses. It is my understanding that improper use and inadequate care of contact lenses can possibly cause eye irritation, infections, corneal injury, and permanent vision loss. By signing below, I acknowledge that I was provided with a copy of my contact lens prescription at the completion of my contact lens fitting.

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