



## **MYOPIC STABILIZATION SOFT CONTACT LENS THERAPY**

Myopic Stabilization Soft Contact Lens Therapy has been shown to control the rate of progression of myopia. Myopia causes blurred distance vision but is also associated with an increase in sight threatening eye diseases such as myopic macular degeneration, cataract, glaucoma, and retinal detachments. Your doctor may recommend that you consider this intervention to help limit the progression of your increasing myopia.

The use of specially designed multifocal contact lenses has been shown to significantly limit the progression of myopia when compared to traditional single vision contact lenses or glasses. The effectiveness of these multifocal therapeutic contact lenses have been reported to reduce the rate of progression by 35-50%.

Ziegler Leffingwell Eyecare will tailor a plan along with you and your child to find the appropriate design and parameters of myopic stabilization multifocal soft contact lenses that will have the highest probability of controlling the progression of your child's myopia. These lenses should be worn for most waking hours to receive the therapeutic benefit. In addition to controlling myopic progression they will correct your child's vision at all distances. As part of the therapeutic program we will monitor your child's vision and refractive status, eye health response during the course of therapy.

Initial myopic stabilization multifocal contact lens therapy case fees will include the initial diagnostic contact lens evaluation, determination of the most appropriate design and parameters of lens to be used, physical contact lens fitting characteristic evaluation, the initial year's supply of myopia stabilization multifocal contact lenses, and all visits required to achieve the optimal therapeutic effect.

Following year one, an annual comprehensive eye health examination and myopia stabilization multifocal contact lens diagnostic evaluation is required to ensure ongoing optimal visual health and the stability of the therapeutic effect with 6 month monitoring visits.

## **Myopic Stabilization Soft Contact Lens Therapy Fees**

Contact lens evaluation and first year of follow up visits: \$349

One year supply of monthly multifocal contact lenses: \$360

Fees are exclusive of a comprehensive eye health examination.

## **Ongoing Myopia Stabilization Multifocal Contact Lens Therapy Fees (following the initial 12 month period):**

As long as your child is using myopia stabilization multifocal contact they will be seen every 6 months. The annual cost for this care is \$179 in addition to their annual comprehensive eye exam.



## CONSENT TO TREAT

1. Even though the multifocal lenses utilized in myopic stabilization are all FDA approved and have been shown to be safe and effective in their use to correct refractive error, they have not been FDA approved for myopia stabilization. We believe the available clinical research data is compelling for their use in myopia stabilization and as such we are suggesting their use. This is referred to as “off-label” use.
2. In cases of emergency, please contact our office immediately.
3. All appointments must be kept as scheduled. If you are unable to keep an appointment, we strongly urge you to contact us at least 24 hours in advance if at all possible. In all cases, you must reschedule missed appointments.
4. Other options exist to treat, reduce or eliminate myopia and astigmatism. They include; glasses, traditional contact lenses, corneal reshaping therapy, pharmacologic therapies and refractive surgical procedures. Each modality has its own unique advantages, disadvantages, risks, and benefits. Your doctor has reviewed these options with you during you examination and consultation.

Additional Comments:

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I, the undersigned, fully understand the Myopia Stabilization Multifocal Contact Lens therapy that has been explained by the doctor, staff member, and/or literature provided by Ziegler Leffingwell Eyecare. I have been given the opportunity to ask any questions regarding this therapy and I am satisfied with the answers provided.

I agree to enroll in the Myopia Stabilization Multifocal Contact Lens therapy program and understand and agree to all of the information indicated in this document.

Date:

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Patient Signature or Parent/Guardian Signature for minors

Date:

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Doctor or Staff Signature Ziegler Leffingwell Eyecare