Corneal Reshaping Therapy (CRT) is a non-surgical treatment to reduce nearsightedness (myopia) and/or astigmatism. Corneal Reshaping 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 process involves the use of specialized gas permeable contact lenses to alter the curvature of the cornea. Following removal of the contact lenses each morning the patient will have clear vision without the use of glasses. The CRT contact lenses will need to be worn as a retainer while sleeping at night in order to maintain the therapeutic effect. The results of CRT vary to some degree and are related to the amount of nearsightedness. Although results are typically excellent for appropriate candidates, results cannot be guaranteed due to individual cornea and eye response variability. CRT lenses will need to be replaced annually and will be modified in their parameters based on the results of your annual comprehensive eye health and CRT examination.

Initial CRT fees will include all contact lenses required to achieve the maximum therapeutic effect (including all lens changes and modifications made by your doctor for the first 6 months), all professional services involved in monitoring the contact lens response in order to achieve maximum therapeutic effect, and ensuring optimal eye health response to the CRT contact lenses for a period of one year following the initial comprehensive CRT examination.
CRT Fees

Option 1: Interest-free financing with payments of $300 a month for six months for a total of $1800.

Option 2: Payment in full $1600

Fees are exclusive of a comprehensive eye health examination and 2 pairs of CRT lenses. Lost or damaged CRT lenses during the 12 month period following initial fitting are billed at a discounted fee of 25%.

Ongoing CRT Care Fees and Options (following the initial 12 month CRT period):

Each year will require ongoing follow up to ensure eye health and the proper clarity of vision when the contact lenses are removed. The cost to provide this care is $250 per year. Replacement lenses can be purchased at $225 per lens if needed.

REFUND AND CREDIT POLICIES

You and your doctor may decide to discontinue CRT during the initial fitting and follow up care period. Should the decision to discontinue CRT be made, the following refund/credit policies will be applied:

1. Discontinuation of CRT up to two months following dispensing of CRT lenses – a refund or office credit of 50% of the CRT program fee will be made.
2. Beyond two months no credit or refunds will be made if CRT is discontinued.
3. All refunds or credits associated with discontinuation of CRT require the return of all lens materials.
CONSENT TO TREAT

1. Risks of CRT and Contact Lens Wear: any deviations from the prescribed lens wear regimen or incorrect use of solutions or contact lens disinfection procedures can result in lens damage, eye irritation, infection, or potentially a loss of vision. The use of contact lenses, including CRT lenses, may result in eye infections, inflammations, or potentially loss of vision. In the unlikely event of complications associated with contact lens wear and CRT, there is a possibility of eye pain, redness, infection, or loss of vision. Immediate professional attention to any complications will significantly reduce the likelihood of ocular damage or vision loss.

2. In cases of emergency, please contact our office immediately.

3. All appointments must be kept as scheduled and you must reschedule missed appointments. Failure to keep follow up appointments can result in prolonging the treatment time and reduce the likelihood of achieving the maximum therapeutic effect.

4. Other options exist to treat, reduce or eliminate myopia and astigmatism. They include; glasses, traditional contact lenses, and refractive surgical procedures. Each modality has its own unique advantages, disadvantages, risks, and benefits. Your doctor has reviewed these options with you during your examination and consultation.

I, the undersigned, fully understand the Corneal Reshaping Program 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 CRT and I am satisfied with the answers provided.

I agree to enroll in the Corneal Reshaping Therapy program and understand and agree to all of the information indicated in this document.

Date:

Patient Signature or Parent/Guardian Signature for minors

Date:

Doctor or Staff Signature Ziegler Leffingwell Eyecare