

Vision Shaping Treatment (VST)

Welcome, at your VST consult because we will assess your ability in achieve 20/20 vision at a fraction of the price of LASIK without any daytime lenses. There are numerous names for Vision Shaping Treatment like orthokeratology, corneal molding, and corneal refractive therapy. This 2-sided form is designed to enhance your understanding of the process and inform you of the benefits of overnight vision shaping retainers. The FDA approval for retainers (which are a lot like rigid contact lenses) happened in 2002; several lens designs exist today; the right design for you is determined by your doctor. Although deemed safe, there are some risks in sleeping with a medical device on the eye like inflammation, infection or abrasion but this is so rare it is considered safer than soft contact lenses. 4Sight iCare uses VST on all patients who are good candidates over age 18. Younger patients ought to investigate our Myopia Management Program. VST is a non-surgical procedure to improve vision without daytime glasses/contacts; irreversibly permanent surgical procedures include: laser in situ keratomileusis (LASIK), photorefractive keratectomy (PRK), small incision lenticule extraction (SMILE), clear lens extraction, and Implantable Collamer Lenses (ICL). If you are a good candidate, VST is an excellent alternative for all patients who want freedom from daytime lenses and are too young for invasive treatment, don't want surgery, or prefer the price and/or reversibility of VST.

VST is charged as a global fee or broken down into 4 easy payments where 1/4th is collected the day of the order and 3 additional payments are scheduled 2, 4, and 6 weeks from enrollment. The fee is not dependent on the number of visits/diagnostic retainers. Appointments will be made as necessary to accomplish our mutual goal of improving vision without surgery, glasses, or daytime lenses. We anticipate a period of active treatment to last up to 2 months. The actual time of the process is dependent on the client's ability to adapt to vision retainers. Missing appointments interferes with your progress and will prolong the active treatment time. Following active treatment, vision retainers will be worn at night to maintain stability. Lost, damaged or spare vision shaping retainers will be replaced at a charge of **\$540 per pair** (\$300 per individual retainer). **Annual evaluation at a comprehensive exam is performed at \$110** without new retainers or **\$590 including a refit**. It takes up to two weeks to receive an order of retainers. Prices are valid only as of the day of the consultation, and are subject to change without notice.

What is included?	What's NOT included?
Up to 4 pairs of diagnostic retainers to achieve good vision throughout a majority of the day	Additional consultations for VST (\$98 each) beyond what is discussed at the complementary consult
Fitting/Evaluation of initial retainers for safe use	Eyewear or Eye care billable to any insurance
Vision tests, on-eye retainer evaluations, and topography measurements for 1 year	\$110 on-eye retainer evaluation to safely continue use & be eligible for RE-FIT at annual eye exams.
One final pair of VST retainers for at-home use	Myopia Management Services to track progression

If circumstances prevent you from continuing treatment, a minimum of 2 payments or half the global fee will be required to cover the cost of the initial service, diagnostic order(s), and associated shipping costs; all materials must be returned including vision retainers if the decision is made to discontinue VST without full payment. Please initial below that you have read and understand the content herein. Your doctor has explained that the necessary correction requires a VST fitting and evaluation corresponding to the treatment level indicated below.

Tier	Global Fee	Transacted Biweekly 4 Easy Payments of	Power Range Guide for each Level
 (1)	\$1,440	\$360	0-1.25 D AND <0.50 Cyl
 (2)	\$1,980	\$495	1.50-3.00 D AND <1.00 Cyl
 (3)	\$2,380	\$595	3.25-5.00 D AND <1.50 Cyl
 (4)	\$2,980	\$745	>5.00 D OR >1.25 Cyl

If you have any questions, please feel free to ask the doctor so they can be answered to your satisfaction. If your questions haven't been answered fully or you don't understand any part of this agreement or procedure fully, do not sign this form until your questions are answered. Your signature below signifies that you agree to pay the amount corresponding to the proper treatment "Level" in one lump sum or using our 4 Easy Payment Plan described on the reverse side of this contract. This signed, informed consent and initial payment must be received before the initial diagnostic vision shaping retainers are designed and ordered. We will hold measurement data to create a personalized design for **up to 4 weeks**; after which another consultation at a cost of \$98 will be required to become a VST client.

Guarantor's Signature: _____ Date: ____ / ____ / ____

Guarantor: _____

Client (if different from Guarantor): _____