

Patient Name:

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MetroEyesVienna@gmail.com

Atropine Ophthalmic Myopia Management Program

DOB:

The Atropine Therapy Program is 12 months in le	ngth and is <u>\$1000.</u>
This fee includes:	
 Evaluation and consultation Diagnostic testing performed for Myopia M All follow-up appointments for 12 months 	L anagement
The Program does NOT include:	
 90 day bottle supplies of Atropine drops, at A comprehensive eye exam. This must be oprogram. The cost of contact lens evaluation if performed the material costs of contacts lenses and/or 	current within 1 year to be eligible for the rmed.
Year 2 and Beyond: We offer an Atropine ophthalmincludes all follow-up appointments and diagnostic This continued care is \$800 for every 12 months of	e testing performed for myopia management.
Guarantee: If circumstances prevent you from continuing your this agreement, Dulles Eye Associates will provide This program outline is true and correct until becomes outdated and an additional consultation is	e a 50% refund. ; after this time, the data collected
I, undersigned, fully understand the Atropine ophtl doctor. I have been given the opportunity to ask an am satisfied with the answers provided. I agree to program and agree to all the information indicated	y questions regarding Atropine therapy and I enroll in the Atropine ophthalmic therapy
Patient Signature (parent if under 18)	Date