TERMS AND CONDITIONS

The amount paid by you for your treatment is inclusive of the following:

• Your pre-treatment consultation.
• Your treatment, including the provision of post-operative eye drops during and limited to the first 6 months following your treatment.
• All aftercare consultations recommended by your Refractive Optometrist during the 12 month period following your treatment.
• If during the first 12 months following your primary treatment an Optical Express optometrist determines an enhancement procedure would be beneficial, this will be provided to you free of charge as part of your aftercare.
• At a point in time deemed clinically appropriate by your Refractive Optometrist and/or Surgeon you will be discharged from our postoperative aftercare programme.
• Following discharge a letter will be sent to you or your general practitioner.
• Please note that it is recommended following discharge from our postoperative aftercare programme that you arrange annual eye examinations.

Refractive Surgeon appointment prior to day of treatment

• An appointment with a Refractive Surgeon prior to treatment is available to you. Such an appointment will incur a non-refundable fee. Amount of fee provided on request.

Amendments to treatment

• In the circumstance where a different form of treatment is recommended by your Surgeon to that you have scheduled, for example Laser Eye Surgery in place of a PIOL procedure, you have the option to proceed with the alternative form of surgery after giving informed consent or alternatively receive a refund of the amount paid by you.

The cost of your treatment does not include and we are not responsible for providing or for meeting costs, charges, compensation or expenses relating to, or concerning:

• Glasses or contact lenses which may be required after treatment should you not achieve full vision correction as a result of your initial treatment.
• Except as specified in these terms and conditions, additional treatment following your initial treatment, or treatment outwith the scope of your initial treatment, for example cosmetic or therapeutic treatments, such as eyelid surgery or procedures for dry eye.
• The cost of a Corneal Cross Linking procedure.
• The cost of a YAG Capsulotomy procedure.
• Consultations or treatment with or by persons other than at Optical Express.
• Postponement of your treatment or aftercare due to equipment failure, or your Refractive Optometrist or Surgeon taking ill or being unavailable. In such event we may rearrange your treatment or aftercare to take place at another Optical Express clinic and/or with another Optical Express Surgeon.
• Emergency treatment, as recommended by your Refractive Optometrist or Surgeon. We may decide that such emergency treatment and associated aftercare may take place at another Optical Express clinic and/or with another Optical Express Surgeon, if this in your best interests.
• Should the Surgeon decide not to proceed with your treatment, if in his/her opinion it would not be in your best interests to have laser eye surgery or if he/she considers an alternative treatment may be more suitable for you. In this event he/she may recommend that you take further time to consider your options.
• If you are ill, have a heavy cold, an infection or cold sores (or the like) on the day of treatment, it is unwise to proceed and we may require to rearrange your treatment.
• Your travel or other incidental expenses, or loss of income, arising from for example you taking time off work, due to a delayed healing pattern or post-operative complication, or to allow you to receive treatment and/or aftercare.
• Medications prescribed outwith 6 months of your last procedure.
• Aftercare consultation costs outwith 12 months of your last procedure.
• Enhancement procedures outwith 12 months of your primary procedure.

General Notes

• We may not be able to offer you a consultation or treatment with a member of the same sex. If you are concerned, please ask your Clinic Manager for a chaperone who will accompany you during your consultation or treatment.
• If you would like to discuss anything relating to your consultation or treatment in confidence, please speak to your Clinic Manager.
From time to time, we amend our prices. The charge for your treatment given to you at your pre-treatment consultation (if it is lower than our current prices at the time of your treatment) will be honoured, but only if you book your treatment within 14 days of the pre-treatment consultation. If we reduce our prices for your treatment following your pre-treatment consultation, we will charge you the lower price applicable at the time of your treatment. As regards to any price reduction occurring following the date of your treatment, no refund will be paid to you.

Implantable Contact Lens and Phakic Intraocular Lens (PIOL) Surgery Cancellation Policy

- If you cancel a booking for treatment within 7 days of you making your booking, all monies paid by you will be refunded.
- If you cancel a booking for treatment after 7 days of the booking being made, the minimum deposit will be retained by us, however all monies in excess of the minimum deposit paid by you will be refunded.
- The value of the minimum deposit will be that set down by company policy at the time of your consultation.
- If for any reason we have to cancel a booking for treatment, and an alternative booking cannot be offered in either the clinic of your choice or an alternative location, your booking fee will be refunded.
- If for any clinical reason, following discussion with one of our Refractive Surgeons, you cannot proceed with treatment, all monies paid by you will be refunded, excluding any Refractive Surgeon appointment fee.
- Refunds will be processed within 28 working days.

By paying your deposit you are accepting and agreeing to be bound by these terms and conditions whether or not these terms and conditions are signed by you.

If you have a complaint to make regarding any aspect of our service, please address your complaint in writing to your Clinic Manager. The Clinic Manager will endeavor to address the complaint in the first instance. Wherever possible, a full response to your complaint will be made within 20 working days. If it is not possible to fully investigate or conclude an investigation into your complaint within this period, your Clinic Manager will inform you of his/her progress.

PATIENT DECLARATION

I agree the terms and conditions above and acknowledge that all of my questions have been answered.

| Patient Signature: |
| Patient Full Name: (Print) |
| Patient Date of Birth: |
| Date of Pre-Treatment Consultation: |
| Date of signature: |

WITNESS DECLARATION

| Witness Signature: |
| Witness Full Name: (Print) |
| Witness Date of Birth: |
| Date of signature: |