MiSight 1 Day

(omafilcon A)

SOFT (HYDROPHILIC) CONTACT LENSES FOR DAILY WEAR

PATIENT INFORMATION BOOKLET

Revised: November 2019

IMPORTANT: This Patient Information Booklet contains important information and instructions regarding the MiSight contact lens your child has been prescribed. Please read carefully and keep this information for future use.

CAUTION: Federal (U.S.A.) Law Restricts this Device to Sale on or by the Order of a Licensed Practitioner

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1. INTRODUCTION

The MiSight 1 Day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear are made from a "water-loving" (hydrophilic) material that has the ability to absorb water, making the lens soft and flexible.

Carefully read and follow specific directions for use and important safety information. If you are the parent or guardian of a child who has been prescribed to wear MiSight lenses, please explain the contents of this instruction booklet to your child (referred to as “you”) and ensure that they understand this information.

The MiSight 1 Day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear are indicated for daily wear single use. As prescribed for single use, once removed they are to be discarded and a fresh new pair used each day. Always dispose of the lens if it becomes damaged. You should always ensure your child has replacement lenses or glasses are available.

The information and instructions contained in this booklet apply only to MiSight 1 Day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear. For your child’s eye health, it is important that they wear lenses as prescribed by the eye care practitioner. It is also important to keep the eye care practitioner fully aware of your child’s medical history. The eye care practitioner will tailor a total program of care based on your child’s specific needs. He or she will review with you (the parent) and your child all instructions for lens handling, including how to safely and easily open the package. Your child will be instructed how to properly insert and remove lenses. This booklet will reinforce those instructions. Each MiSight lens is designed to be worn once only. Always discard and replace MiSight contact lenses with a new pair each day.

Please refer to the Section 15, GLOSSARY OF TECHNICAL TERMS for definitions of medical/technical terms used in this booklet.

2. BENEFITS

MiSight Soft Contact Lenses has been shown in a clinical study to slow the progression of nearsightedness in children who were first prescribed the lenses when 8 – 12 years old. MiSight lenses also correct for nearsightedness (as do other contact lenses or glasses), so that the child’s vision for things far away is improved.

In the MiSight clinical study, a group of approximately 100 nearsighted children (starting at ages 8 – 12, inclusive) were studied over a 3-year period with about half wearing the MiSight lens and half wearing a conventional soft lens. The children wearing the MiSight lens had, on average, only about half of the increase in nearsightedness seen in those wearing the conventional soft lens. In this study, slightly more than half of this beneficial effect was seen in the first year, with smaller amounts adding in the next two years. The longer-term benefits of wearing the MiSight lenses are uncertain at this time.

3. RISKS

Problems can occur while wearing soft contact lenses that may result in serious injury to the eye. Below, we list the key risks associated with contact lens wear. (For further detail, see Section 6. WARNINGS, and Section 8. ADVERSE REACTIONS and Section 15 GLOSSARY OF TECHNICAL TERMS.)

- A corneal ulcer is an infection of the cornea, the clear front part of the eye. A corneal ulcer can cause severe pain and can lead to permanent loss of vision.

- The risk of corneal ulcers in children wearing daily wear soft lenses has not been well studied and the true rate remains unknown. A survey of doctor's charts of children who were fit in conventional soft daily wear contact lenses (not MiSight lenses) was completed and from this limited data, the estimated the rate of corneal ulcer/infection per year of wear was roughly 1 case per 1000 children.

- Permanent or temporary loss of vision
  - In the MiSight lens study, there were only two 2 cases of temporary reduction in visual acuity of two lines of the letter chart (in about 100 children studied over a 3 year period) measured at one visit. These were not related to any observation of significant eye problems. The study was not large enough to determine the rate of permanent vision loss but this is probably much lower than the rate of corneal ulcer described above.

- Corneal inflammation ("infiltrative keratitis"), seen by the practitioner as small, cloudy, whitish spots in the cornea observed with the microscope, can be related to significant discomfort and redness or can be without symptoms.
  - In the MiSight study of lens wear in children, there were 4 mild cases of infiltrative keratitis (without symptoms) in the approximately 100 children studied over 3 years.

- Corneal abrasion (a scratch of the clear front part of the eye) can be related to problems with the contact lens or to clumsy insertion or removal. This can cause significant pain and redness and can create a risk of infection.

- Infection or inflammation of the white part of the eye (conjunctiva), which causes discomfort and redness, but generally does not threaten vision or cause significant pain.

- Halos (rings around lights), glare (fuzzy light around lights), ghost images (a double image) or reduced contrast while wearing lenses
  - Because of the special design of MiSight lenses, these symptoms may be noted by some children while wearing the lenses.

4. WEARING RESTRICTIONS AND INDICATIONS

MiSight 1 Day (omafilcon A) Soft (Hydrophilic) Contact Lenses for Daily Wear are indicated for the correction of nearsightedness and for slowing the progression of nearsightedness in children with non-diseased eyes, who at the initiation of treatment are 8-12 years of age and have a refraction of -0.75 to -4.00 diopters (spherical equivalent) with ≤ 0.75 diopters of astigmatism.

Based on the clinical study, it is recommended that the patient wear the lens for a minimum of 10 hours per day for at least 6 days per week. Daily wear lenses are not indicated for overnight wear, and patients should be instructed not to wear lenses while sleeping.

MiSight (omafilcon A) Contact Lenses should be removed from your child's eyes each day and discarded.

5. CONTRAINDICATIONS (REASONS NOT TO USE)

Do not let your child use their contact lenses when any of the following conditions exist:

- Inflammation or infection of the front part of the eye.
- Any eye disease, injury, or abnormality that affects the cornea, conjunctiva, or eyelids.
- Severe dry eye.

- Reduced corneal sensitivity – a condition in which the nerves in the front of the eye cannot feel sensation
- Allergic reactions of the eye or the skin surrounding the eye that may be caused by or made worse by wearing contact lenses or use of contact lens solutions.
- Any active corneal infection (bacterial, fungal, or viral).
- If eyes become red or irritated.
- If your child is unable to properly handle the lenses or unable to obtain assistance to do so.
- Any bodily disease which may affect the eye or be made worse by wearing contact lenses.

6. WARNINGS

WHAT YOU SHOULD KNOW ABOUT CONTACT LENS WEAR :

- PROBLEMS WITH CONTACT LENSES COULD RESULT IN SERIOUS INJURY TO THE EYE. Proper use of contact lenses are essential for the safe use of these products. Follow your child's eye care practitioner's directions and all labeling instructions for proper use of lenses Eye problems, including corneal ulcers, can develop rapidly and lead to **loss of vision**.

- MiSight lenses provide an optical correction that simultaneously presents one image "in-focus" and a second image "out-of-focus." Under certain circumstances (such as low light levels), this optical design can cause the following visual symptoms for some patients:
    - Reduced image contrast;
    - A ghost image (double image, with a mild second image seen);
    - Halos around bright lights; and
    - Glare around lights.

  Not all patients do equally well with this type of correction. In some children, the visual symptoms described above may cause difficulties with some visually demanding activities. Patients should exercise extra care if performing potentially hazardous activities.

WATER ACTIVITY:

- Do not expose the contact lenses to water while wearing them.

- Water may contain microorganisms (germs) that can lead to severe infection, vision loss or blindness. After swimming in pools, lakes, or oceans, have your child throw the lenses away and replace them with a new pair.

- Ask your child's eye care practitioner (professional) for recommendations about wearing the lenses during any activity involving water.

EYE PROBLEMS, INCLUDING CORNEAL ULCERS, CAN DEVELOP RAPIDLY AND LEAD TO LOSS OF VISION

IF THE FOLLOWING IS EXPERIENCED:

- Eye discomfort,
- Too much tearing,
- Vision changes;
- Loss of vision,
- Eye redness
- Or other eye problems

YOUR CHILD SHOULD BE INSTRUCTED TO IMMEDIATELY REMOVE THE LENSES, AND YOU SHOULD PROMPTLY CONTACT THEIR EYE CARE PRACTITIONER.

- Daily wear single use lenses are not intended for overnight wear, and your child should be instructed not to wear lenses while sleeping. Clinical studies have shown that risk of serious adverse reactions is increased when these lenses are worn overnight.

- Single use lenses are not intended for cleaning or re-use, and on removal should be thrown away and a fresh pair used each day.

- Studies have shown that contact lens wearers who are smokers have a higher likelihood of adverse reactions than nonsmokers.

7. PRECAUTIONS

Handling Precautions:

- Do not let your child use the lens if the sterile lens blister package is opened or damaged.

- Always have your child wash and rinse hands before handling lenses. Do not get cosmetics, lotions, soaps, creams, deodorant, or sprays in the eyes or on the lenses. It is best to put on lenses before putting on makeup. Water-based cosmetics are less likely to damage lenses than oil-based products.

- Lens contamination may occur if your child handles their lens with dirty hands.

- Have your child carefully follow the handling, insertion, removal, cleaning, and wearing instructions prescribed by their eye care practitioner.

- Your child should always handle lenses gently and avoid dropping them.

- Never let your child use tweezers or other tools to remove lenses from the lens container. They should pout the lens and packaging solution into their hand.

- Do not touch the lens with fingernails.

Lens Wearing Precautions:

- Your child should never wear their lenses beyond the period recommended by their eye care practitioner.

- If aerosol products such as hairspray are used while wearing lenses, your child needs to be careful and keep eyes closed until the spray has settled.

- Your child should avoid all harmful or irritating vapors and fumes while wearing lenses.
- Ask your child's eye care practitioner about wearing the lenses during sporting activities.
- Have your child always discard lenses following the recommended wearing schedule prescribed by your child's eye care practitioner.
- Do not allow use saliva for lubricating or wetting lenses.

Who Should Know That Your Child is Wearing Contact Lenses:

- Inform your child's doctor (health care practitioner) that your child is wearing contact lenses.

Other Topics to discuss with Your Child's Eye Care Practitioner:

- Always contact your child's eye care practitioner before using any medicine in their eyes.
- Follow-up visits are necessary to assure the continued health of your child's eyes. You should be instructed to follow a recommended follow-up schedule.
- Although the clinical study of MiSight lenses (Section 9 CLINICAL SUMMARY) demonstrated decreased progression in nearsightedness during its three-year duration with the MiSight lenses, any potential benefits beyond the three-year study, specifically with regard to the further slowing of nearsightedness or the prevention of future retinal disease have not been determined.
- Certain subjects were restricted from taking part in the MiSight clinical study: those children in whom contact lens wear might pose greater risks, and those children with characteristics that might reduce the effectiveness of the treatment. These restrictions are listed in Section 9 CLINICAL SUMMARY. The safety and effectiveness of the use of the device in these types of patients is not known.

8. ADVERSE REACTIONS (PROBLEMS AND WHAT TO DO):

Be aware that the following problems may occur when wearing contact lenses:

- Your child's eyes may burn, sting and/or itch or your child may experience other eye pain.
- Comfort may be less than when the lens was first placed on the eye.
- There may be a feeling that something is in the eye such as a foreign body or a scratched area.
- There may be excessive watering (tearing), unusual eye secretions or redness of the eye.
- Reduced sharpness of vision
- Sensitivity to light
- Dry eyes.

When any of the above problems occur, it may be a symptom of a serious condition such as infection/ulcer of the cornea (the clear front part of the eye), inflammation of the cornea, abrasion or scratch of the cornea, swelling of the cornea, blood vessel growth into the cornea, conjunctivitis (pink eye), or inflammation, swelling or redness of other parts of the eye or eyelids. Some of these adverse reactions (e.g., corneal ulcers) can cause permanent or temporary loss of vision.

If you notice any of the above in your child, you should:

- Immediately have your child remove the lenses.
    - If the discomfort or the problem stops, then replace the lens with a new lens.
    - If the problem continues, you should keep the lens off the eye and seek immediate professional care. Your child's eye care practitioner will examine their eyes to be certain that a serious condition such as infection, abrasion, corneal ulcer, neovascularization (blood vessels in the clear front part of the eye), or iritis (inflammation of the colored part of the eye) is not present.

Due to the optical design of the MiSight lenses, containing two focal points, under certain circumstances (e.g., low light conditions) some wearers may notice reduced image contrast, halos or glare around bright lights or ghost images (double images).

9. CLINICAL SUMMARY

MiSight Randomized Controlled Study

The MiSight lens was compared to a conventional soft contact lens in a 3-year clinical study. Children between the ages of 8-12 were invited to participate in the study. There were a number of restrictions to being eligible for this study. These restrictions are listed below:

- Best corrected visual acuity worse than 20/25;
- Younger than 8 or older than age 12 at initiation of treatment (no patient was seen in any year of the study who was older than age 15);
- Nearsightedness less than -0.75 D or higher than -4.00 D at initiation of treatment
- Astigmatism more than 0.75 D at initiation of treatment
- Difference in nearsightedness between the two eyes more than 1.00 D at initiation of treatment
- Exhibiting poor personal hygiene;
- Born earlier than 30 weeks or weighed less than 1500g (3.3lb) at birth;
- Regularly using of ocular medications (prescriptions or over-the-counter), artificial tears, or wetting agents;
- Currently using systemic medications which may significantly affect contact lens wear, reduce the amount of tears in the eye, or affect the pupil size, the ability to focus or the amount of nearsightedness. Some examples are: long term use of nasal decongestants (for example, pseudoephedrine, phenylephrine), antihistamines (for example, chlorpheniramine, diphenhydramine), prednisolone or Ritalin (methylphenidate).
- With a history of reduced corneal sensitivity, corneal ulcer, corneal infiltrates, viral or fungal infections or other repeated infections of the eye.
- Showing strabismus (a condition in which a person cannot align both eyes simultaneously under normal conditions)
- Having known diseases of the eye (for example inflammation and redness of the front part of the eye or glaucoma, or systemic disease (for example Sjögrens syndrome, lupus erythematosus, scleroderma, or diabetes);
- Having any medical conditions that could influence the development of nearsightedness.
- Having keratoconus or an irregular-shaped cornea;

- o Conditions of the eye that may affect contact lens wear including, for example blood vessels in the clear front part of the eye (neovascularization); or any active disease of the eye

Sixty-five children were fitted with the MiSight lens and 70 children were fitted with conventional soft contact lenses. Fifty-three (53) MiSight subjects and 56 Control subjects completed the 3-year study. The change in near-sightedness (myopia) and the length of the eye (axial length) were measured each year. The children wearing the MiSight lens had, on average, only about half of the increase in nearsightedness seen in those wearing the conventional soft lens.

Vision was 20/20 or better with the MiSight lenses in most subjects, most of the time. Children wore the lenses for 11-12 hours for 6 or more days per week. Some children noticed halos around lights or mild ghosting.

There were no serious adverse events seen in the study. The following table shows all adverse events that occurred in children in the study.

Eyes with Adverse Events (Eyes of All Subjects Who Wore Contact Lenses)
(All Available Eyes)

	Conventional Soft Contact Lens (N = 140 eyes)		MiSight Soft Contact Lens (N =130 eyes)	
	Number of cases	%	Number of cases	%
Inflammation of the cornea (clear, front part of the eye)	3	2.1	1	0.8
Small scar in cornea	1	0.7	0	0.0
Pink Eye (Conjunctivitis)	3	2.1	2	1.5
Inflammation/crusting of eyelids (Blepharitis / Meibomianitis)	0	0.0	4	3.1
Irritation of the inside of the eyelids	1	0.7	3	2.3
Foreign Body in the eye	0	0.0	1	0.8
Mild Abrasion of the Cornea	1	0.7	3	2.3
Blood spots on the white of the eye (Subconjunctival hemorrhage)	1	0.7	1	0.8
Mild growth of fine blood vessels into the edge of the cornea	0	0.0	1	0.8
Other: headache, dryness of the eye, or eyes feeling tired	2	1.4	2	1.5

% = Number of cases per 100 subjects

<u>Safety of Soft Contact Lenses in Children</u>

The main cause of permanent vision loss in contact lens wear is infection of the cornea (“corneal ulcer”). The risk of corneal ulcers in children wearing daily wear soft lenses has not been well studied, and the true rate remains unknown. A new study to roughly estimate this rate of corneal infection in children wearing soft contact lenses was completed. This study involved looking back at doctor’s records for children who had been seen by an eye doctor over a period of years. The study reviewed clinical records of 782 children over approximately 2-3 years of conventional daily wear soft contact lens wear. All the children had initially been fit with soft contact lenses between the ages of 8-12 years. MiSight lenses were not included in this study as they were not yet available in the US.

An infection of the front surface of the eye (the cornea) was observed in two children. Because the infections were quickly treated with antibiotic eyedrops, the eyes recovered with 20/20 vision. It is estimated that for a typical year, 0.09% (approximately 1 out of every 1,000) children wearing soft contact lenses may experience an eye infection that needs to be treated with antibiotic or other eyedrops. Because of the limited number of patient records that were evaluated, there is a lot of uncertainty in this estimate for the rate of corneal infection. This type of study sometimes underestimates the rate of infection.

Other contact lens problems observed in the study were similar to those that are seen in contact lens wear in adults. Inflammation of the cornea, that was not caused by infection, was observed in 0.7% (approximately 7 per 1000) of the children per year of wear. Other less serious problems included redness or irritation of the eyelid, pink eye (conjunctivitis), redness of the eye, or mild scratching of the cornea.

10. INSTRUCTIONS FOR LENS HANDLING

10.1. Preparing the Lens for Wearing

- It is essential that your child learn and use good hygienic methods in the care and handling of their new lenses. In particular, your child's hands should be clean and free of any dirt or debris when they handle their lenses. The procedures are:
    - Always wash hands thoroughly with a mild soap, rinse completely, and dry with a lint-free towel before touching lenses.
    - Avoid the use of soaps containing cold cream, lotion, or oily cosmetics before handling lenses, as these may come into contact with the lenses and interfere with successful wearing.
- Handle lenses with fingertips. Be careful to avoid touching the lens with fingernails. It is helpful to keep your child's fingernails short and smooth.
- Have your child start off correctly. Always using proper hygienic procedures.

10.2. Opening the Lens Package

- The individual lens blister package is designed specifically to maintain sterility. The lens packages are individual.
- To open an individual lens blister package, follow these simple steps:
    - Shake the lens package and check to see that the lens is floating in the solution.
    - Peel back the foil closure to reveal the lens. Placing the lens package on a tabletop will minimize the possibility of a sudden splash.
- Occasionally on opening, a lens may stick to the inside surface of the foil, or to the plastic package itself. This will not affect the sterility of the lens. It is still perfectly safe to use. Carefully remove and inspect the lens following the handling instructions.

10.3. Handling the Lenses

- Have your child develop the habit of always working with the right lens first to avoid mix-ups.

- Have your child remove the right lens from its blister package and examine it to be sure that it is moist, clean, clear, and free of any nicks or tears. If the lens appears damaged, do not use it. Use a new lens.
- Verify that the lens is not turned inside out by having your child place it on their forefinger and checking its profile. The lens should assume a natural, curved, bowl-like shape (Fig. A). If the lens edges tend to point outward, the lens is inside out (Fig. B).

  Another method is to gently squeeze the lens between the thumb and forefinger. The edges should turn inward (Fig A). If the lens is inside out, the edges will turn slightly outward (Fig. B).

Fig. A	Fig. B
	

10.4. Placing the Lens on the Eye

- Have your child start with their right eye.
- Once your child has opened the lens package, removed and examined the lens, they should follow these steps to apply the lens to their eye:
  - Place the lens on the tip of their forefinger. BE SURE THEIR LENS IS CORRECTLY ORIENTED (see Section 10.3 "Handling the Lenses").
  - Place the middle finger of the same hand close to lower eyelashes and pull down the lower lid (Fig. C).
  - Use the forefinger or middle finger of the other hand to lift the upper lid.
  - Place the lens on the eye (Fig. D).
  - Gently release the lids and blink. The lens will center automatically.
  - Use the same technique when inserting the lens for the left eye.

Note: There are other methods of lens placement. If the above method is difficult for your child, the eye doctor will provide your child with a different method.

Fig. C

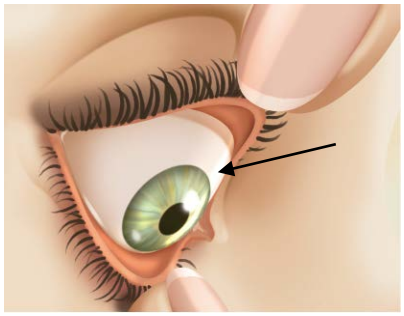
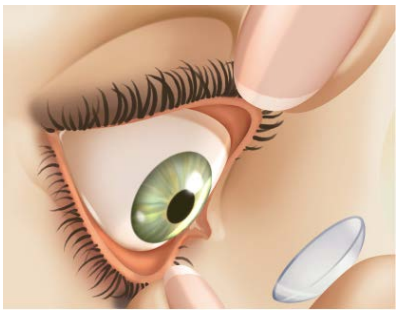


Fig. D



- If after placement of the lens, your child's vision is blurred, check for the following:
    - The lens is not centered on the eye (see Section 10.5 "Re-centering the Lens").
    - If the lens is centered, have your child remove the lens (see Section 10.6 "Removing the Lens") and check for the following:
    - Debris or oils on the lens. Clean the lens.
    - The lens is on the wrong eye.
    - The lens is inside out (it would also not be as comfortable as normal).
- If your child finds that their vision is still blurred after checking the above possibilities, have your child remove both lenses and consult the eye care practitioner.
- After your child has successfully inserted their lenses, you should ask your child:
    - How do the lenses feel in their eye?
    - How do their eyes look?
    - Do they see well?
- If your examination shows any problems IMMEDIATELY REMOVE THE LENSES AND CONTACT THE EYE CARE PRACTITIONER.

10.5. Re-Centering the Lens

- A lens on the cornea (center of eye), will rarely be displaced onto the white part of the eye during wear. This can occur if insertion and removal procedures are not performed properly. To center a lens, follow either of these procedures:
    - Close eyelids and gently massage the lens into place through the closed lids, or
- Gently manipulate the off-centered lens onto the cornea while the eye is opened, using finger pressure on the edge of the upper lid or lower lid.

10.6. Removing the Lens

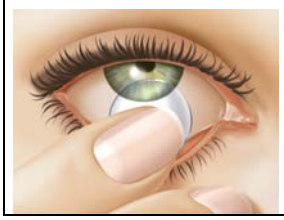
- **CAUTION:** Always be sure the lens is on the cornea of your child's eye before attempting to remove it. Determine this by covering the other eye. If vision is blurred, the lens is either on the white part of the eye or it is not on the eye at all. To locate the lens, inspect the upper area of the eye by looking down into a mirror while pulling the upper lid up. Then, inspect the lower area by pulling the lower lid down.
    - Wash hands thoroughly with a mild soap, rinse completely, and dry with a lint-free towel before touching your lenses.
    - Remove the right lens first. There are two recommended methods of lens removal: the Pinch Method and the Forefinger and Thumb Method. Your child should follow the method that their eye care practitioner recommended.

Pinch Method:

Step 1. Have your child look up; slide the lens to the lower part of the eye using the forefinger. (Fig. E)

Step 2. Gently pinch the lens between the thumb and forefinger. (Fig. F)

Step 3. Remove the lens and discard immediately.

Fig. E	Fig. F
	

Forefinger and Thumb Method:

Step 1. Place hand or a towel under your eye to catch the lens.

Step 2. Place forefinger on the center of the upper lid and your thumb on the center of the lower lid.

Step 3. Press in and force a blink. The lens should fall onto hand.

Step 4. Once the lens is removed, discard the lens.

Note: The lens may come out but remain on the eyelid, finger or thumb.

Step 5. Remove the other lens by following the same procedure.

Note: If these methods of removing your lenses are difficult for your child, your child's eye care practitioner will provide you with a different method.

11. CARING FOR YOUR LENSES

11.1. Basic Instructions

- The MiSight (omafilcon A) Soft (Hydrophilic) Contact Lenses are indicated for daily wear single use only. The lenses are to be discarded upon removal; therefore, no cleaning or disinfection is required.
- You should adhere to recommended wearing schedule. Failure to follow the schedule may result in development of serious ocular complications, as discussed in Section 6 Warnings.
- Your child should always have replacement lenses or glasses available.

11.2. Lubricating/Rewetting

- Your child's eye care practitioner may recommend a lubrication or rewetting solution for their use. These solutions can be used to wet (lubricate) your child's lenses while they are wearing them to make lens wear more comfortable.
- Do not let your child use saliva or anything other than the recommended solutions for lubricating or rewetting lenses. Do not put lenses in mouth.
- Never rinse your lenses in water from the tap. Tap water contains many impurities that can contaminate or damage lenses and may lead to eye infection or injury.

11.3. Care for a Sticking (Non-moving) Lens

- If a lens sticks (stops moving) on the eye, apply a few drops of the recommended lubricating solution. Wait until the lens begins to move freely on the eye before having your child remove it. If non-movement of the lens continues, **IMMEDIATELY** consult your child's eye care practitioner.

11.4. Care for a Dehydrated Lens

- If a soft, hydrophilic contact lens is exposed to air while off the eye, it may become dry and brittle. If this happens, have your child dispose of the lens and use a fresh new one.

12. EMERGENCIES

- If chemicals of any kind (household products, gardening solutions, laboratory chemicals, etc.) are splashed into your child's eyes: FLUSH EYES IMMEDIATELY WITH WATER AND IMMEDIATELY CONTACT THEIR EYE CARE PRACTITIONER OR VISIT A HOSPITAL EMERGENCY ROOM WITHOUT DELAY.

13. WEARING AND APPOINTMENT SCHEDULES

- Record here the number of hours that our child's eye care practitioner recommends your child wear the lenses during the adaptation period. Build-up of wearing time is important and your child must follow your eye care practitioner's directions.

Appointment Schedule

Your appointments are on:_____

(Use this space to record the days and times of your follow up appointments).

Minimum number of hours lenses to be worn at time of appointment:___

Prescribed Wearing Schedule

Day	Wearing Time (Hours)
1	
2	
3	
4	
5	
6	
7	

14. PATIENT EYE CARE PRACTITIONER INFORMATION

To aid your ability to reach your child's eye care practitioner, please record the contact details below.

Dr: _____

Address: _____

Phone: _____

Use the table below to record the number of hours you wear your lenses each day during the adaptation period.

Day	Date	Hours Worn	Day	Date	Hours Worn
1			8		
2			9		
3			10		
4			11		
5			12		
6			13		
7			14		

IMPORTANT: In the event that your child experiences any difficulty wearing their lenses or does not understand the instructions given, DO NOT WAIT for their next appointment. TELEPHONE YOUR CHILD'S EYE CARE PRACTITIONER IMMEDIATELY.

Notes_____

_____

15. GLOSSARY OF TECHNICAL TERMS

Term	Definition
Astigmatism	A condition where the cornea is not equally curved in all parts of its surface. It is somewhat oval in shape, causing the visual image to be out of focus (blurred).
Conjunctiva	Transparent membrane that lines the eyelids and the white part of the eye.
Conjunctivitis	Inflammation of the conjunctiva.
Cornea	Clear front part of the eye that covers the iris, pupil.
Corneal abrasion	A scratch of the clear front part of the eye
Corneal inflammation	Small, cloudy, whitish spots in the cornea observed with the microscope which may include redness and pain (see “infiltrative keratitis”)
Corneal sensitivity	Reduced corneal sensitivity to touch or sensation
Corneal ulcer	A sore or lesion on the cornea caused by infection
Daily Wear	Wearing lenses during waking hours
Daily Disposable	Contact lens is used once and discarded.
Disinfection	A process that kills harmful germs which can cause serious eye infections
Iritis	Inflammation of the colored part of the eye (iris)
Infiltrative Keratitis	Small, cloudy, whitish spots in the cornea observed with the microscope which may include redness and pain (see “corneal inflammation”)
Inflammation	Swelling, redness and pain
Myopia	Nearsightedness
Neovascularization	Blood vessels growing into the cornea
Overnight Wear	Wearing lenses while sleeping

16. NAME AND ADDRESS OF MANUFACTURER

CooperVision, Inc.711 North Road Scottsville, New York 14546(800) 341-2020

www.coopervision.com

The above product information and procedures are suggested by CooperVision Inc.; however, your eye care practitioner may suggest alternative products or procedures that you should follow.