**Informed Consent**

**MiSight Soft Multifocal Contact Lenses**

Your child/ward, has been diagnosed with myopia (nearsightedness), a condition causing blurry distance vision. Myopia may increase the risk of several sight-threatening diseases such as myopic macular degeneration, cataracts, glaucoma, retinal holes and retinal detachments.

We are recommending the use of MiSight Soft Multifocal Contact Lenses (SMFCL) as a treatment option for myopia. MiSight is the first SMFCL that is FDA approved specifically for slowing the progression of Myopia in children.

These lenses are meant to be worn during the day and removed for sleeping. The lenses focus light on the back of the eye differently than with conventional contact lenses, which is believed to slow down the progression of nearsightedness.

Risks associated with SMFCL include:

Infections **-** serious eye infections can occur when wearing any contact lenses. Especially when lenses are not properly cared for.

Acanthamoeba keratitis - Acanthamoeba is an organism which may be found in tap water, pools, lakes, rivers, hot springs, sea water, etc. Infections from acanthamoeba can be serious and lead to permanent vision loss. **Under no circumstances, should tap water be used with the SMFCL we have prescribed**. **Under no circumstances should SMFCL Lenses be worn while swimming**. You should only use SMFCL Lens care cleaning regimen we have recommended, precisely follow the instructions we have given, and not make any changes without calling us first.

Although rare, the most common side effects from SMFCL are:

Blurry vision - This is usually worse initially and resolves in a few days.

Halos around lights - this may be present initially and resolves in a few days. It is eliminated if lens wear stops.

Lens awareness or discomfort - This is mild when starting SMFCL wear and usually disappears after a few days of wear.

To help ensure the best possible outcome, it is critical that you keep all scheduled appointments and alert our office immediately if you or your child is experiencing any side effects from the SMFCL. These side effects are very rare and if they do occur, they do so in varying degrees with different patients. Stopping the use of SMFCL usually eliminates the side effects. Should your child experience any side effects from the SMFCL, you should contact our office immediately and discontinue further use until you speak to a doctor.

Treehouse Eyes

MYOPIA CARE FOR KIDS

10215 Fernwood Road, Suite 401A, Bethesda, MD 20817 (240) 297-1017

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Office visits during the first year of treatment will usually be scheduled as follows:

After the first night of wear

1 week,

1 month,

3 months, and

6 months following the first visit.

After the first year, an annual examination and SMFCL evaluation is required to ensure ongoing optimal visual health and the stability of the therapeutic effect. Six-month monitoring visits will be scheduled on an ongoing basis as required.

There are alternative treatments available that may slow the rate of the progression of myopia. These include atropine eye drops and certain rigid ove night contact lenses, commonly referred to as orthokeratology lenses. Each of these has its own unique advantages, disadvantages, risks and benefits. While conventional glasses or contact lenses compensate for the blurred vision from myopia, their use has not been shown to effectively slow myopic progression.

I,

agree to have my child/ward treated with MiSight

Lenses for the treatment of pediatric myopia and I acknowledge the following:

I have been informed of the purpose, risks, and benefits of treatment with MiSight Lenses and

have been informed of other treatment options.

All of my questions have been addressed and answered to my satisfaction and understanding.

Not attempting to slow down the progression of myopia may also carry with it certain risks,

including permanent vision loss, particularly later in life and in higher degrees of myopia.

No guarantee or assurance has been given by anyone as to the specific results that may be

obtained by using MiSight Lenses.

I agree to follow the treatment regimen required for MiSight Lenses.

I will contact the office immediately in the event of the presence of any the side effects listed

above or in the case of an emergency.

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I will keep all scheduled appointments, as per the protocol.

My signature below confirms my understanding of the requirements for treatment with MiSight SMFCL. I further understand that failure to comply with the requirements may lead to termination from the treatment program.

Parent/Guardian Signature

Date

Doctor Signature

Date

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