

AOTSS Irlen Diagnostic Center
Baltimore, MD & Amen Clinic, Reston, VA
Shoshana Shamberg OTR/L, MS, FAOTA, Irlen Diagnostician

Irlen Diagnostic Clinic and Client Agreement (updated 5/26/16)

With the assistance of the Irlen Diagnostic Center and Shoshana Shamberg, Irlen Diagnostician, I _____ (Name of Client) have determined the color filter combination that, at the present time, gives me the greatest perceptual clarity and comfort.

I understand the need to monitor the accuracy and comfort of my perceptions during the wearing my spectral filters. I accept responsibility for determining their perceptual accuracy for use in all environments in which I wear them.

I accept responsibility to choose when I wish to wear the spectral filters for different conditions other than reading (example: driving, sports, going up/down stairs, etc.) If I find the filters are not satisfactory for any reason, I agree to contact the Irlen Visual Diagnostic Center for a tint check on my present filters within 30 days of receiving them from the Irlen Lab. I agree to arrange for further diagnostic services to address any adverse conditions and consult with the Irlen diagnostician for further use during other conditions and activities.

I have provided accurate information on my health status, medical condition, medications, and vision exams from qualified vision care specialists, therapists, and physicians as needed by the Irlen diagnostician. This includes: Valid RX with PD measurements from my vision care specialist within one year of testing.

I understand that wearing the tints may take consistent and gradual wearing in order to adjust and feel comfortable with their use for reading and other activities of my choice.

I understand there is a charge for retinting the lenses, if they need adjustment, after the 30 day trial period for Initial Diagnostic Exams and Tints ONLY. For discounted diagnostic or retint exams, there is a charge for all retint exams, tinting and retinting. I understand that spectral tints can be retinted if faded or adjustment is needed., only if kept scratch-free. I understand that glasses cases will not be returned, if provided to Irlen Labs.

I understand the tint may fade or change color due to exposure to light. I agree to contact the Irlen diagnostician within one year of my Irlen diagnostic testing to schedule a retint exam to insure the tints remain accurate for my needs. I will also obtain annual Retint Exams to insure accuracy.

I understand that the CR39 lenses are not recommended for use by children other than reading and other learning activities and will not be used for sports. I understand that the Irlen lenses are not high impact plastic, but are made of tintable plastic unless special arrangements are made with the Irlen lab for an alternative material.

I will accept the shipment from Irlen Labs. If I am not at home, I will arrange for someone to accept and take responsibility for the package from Irlen Labs/mailing service. I have provided an accurate and current shipping address. All mailings are sent to our administrative office address: Shoshana Shamberg, 3309 W Strathmore Ave, Baltimore, MD 21215-3718. Please email or text to 443-794-8858 when an order is in the mail.

Client: _____ Date: _____

Parent or Guardian: _____ Date: _____

Witness: _____ Date: _____

Forms required to complete all Irlen Spectral Tint and Retint orders:

1. Copy of your **RX with your Pupillary Distance PD** from your eye care professional.
2. **Additional Forms if your optician supplies lenses:** Irlen Optician Form, Client Waiver Form
3. Irlen Sports Goggle Waiver if appropriate.
4. Irlen Optician Contact Lens RX and Form and Client Waiver. Only Irlen Lab approved contacts will be accepted.