CORNEAL REFRACTIVE THERAPY

What is Corneal Refractive Therapy?

Corneal Refractive Therapy (CRT) is the use of specially designed devices similar in appearance to contact lenses to reshape the front surface of the eye to reduce or correct refractive error. The refractive errors most commonly treatable by Corneal Refractive Therapy are nearsightedness and astigmatism.

What is nearsightedness?

Nearsightedness, or myopia, is a condition in which the shape of the eye, the cornea, is too curved, causing light that enters the eye to focus in front of the retina, instead of on the retina, resulting in blurred distance vision.

What is astigmatism?

Astigmatism occurs when the shape of the cornea is flatter in one direction and steeper in another. These differences in curvature cause light entering the eye to focus at different distances, resulting in blurred vision.

How does Corneal Refractive Therapy work?

A specially designed lens is applied to the cornea of each eye at bedtime and worn while sleeping. During sleep, the lens gently reshapes the surface of the eye to the proper curvature. The lens is removed the following morning, providing clear vision throughout the day without the hassle of wearing glasses or contact lenses during these active hours. The cornea is highly elastic and always returns to its original shape. For this reason, the devices are worn nightly in order to maintain the ideal corneal shape to correct vision.

What are the advantages of Corneal Refractive Therapy?

- Provides freedom from spectacles or contact lenses during active daytime hours
- No surgery required; is non-invasive
- About half the cost of refractive surgery
- Is reversible (laser correction is not)
- Can be modified to enhance effect

What are the disadvantages of Corneal Refractive Therapy?

- Devices must be worn nightly to maintain proper corneal shape
- Does not provide full correction on all eyes

Who are candidates for CRT?

- Those with active lifestyles (athletes, water/ outdoor enthusiasts, those who work in dusty areas)
Those who feel burdened by the need to wear corrective lenses during the day
Patients who are nearsighted up to approximately –4.00, astigmatic up to –1.00

What is the cost of CRT?

Service Fee: $1450   Material Fee: $550   Starter Care Kit: Free   Total: $2000*

*(A discount of $100 will be applied when both eyes are fit during the same visit.)

Note: Due to the unique character and complexity of each eye, full correction is sometimes not possible with CRT. However, significant improvement in visual function is almost always achievable with appropriate candidates and realistic expectations.

Device Replacements/Spares

When your prescription is finalized, a spare pair of devices may be purchased at 50% off ($275). This is a one-time offer.

Additionally, we offer an annual service agreement for $39.00, which entitles you to a reduced cost for replacement devices ($195 each instead of $275 each). Let us know if you would like to take advantage of this program.

CRT Refund Policy

In the event corneal refractive therapy results are unsatisfactory, you will be refunded all material fees if the devices are returned in good condition, and done so within 90 days of dispensing. Service fees will be prorated depending on the amount of time and effort put forth during the treatment program. Refunds are calculated by assigning a value of $82.00 per visit for any remaining six (6) follow-up visits. The initial examination of $298, corneal topography, diagnostic fitting and dispensing visits, are not refundable.

*I understand the Corneal Refractive Therapy Program as explained by the doctor and/or staff member as well as in this handout and agree to participate in the program. I also understand Dr. Kepley will try to improve my vision as much as possible, but that full correction is sometimes not achievable. I also understand and agree to the refund policy as outlined above.

Patient’s or Guardian Signature:______________________________ Date:_________

Patient’s Printed Name:____________________________________________________

Doctor or Staff Signature:_____________________________________ Date:_________