



CONTACT LENS PRESCRIPTION ACKNOWLEDGEMENT

Beginning April 1st, 2021, the FTC has passed a new contact lens law requiring eye care providers to provide all patients with their contact lens prescription upon finalization.

PLEASE NOTE: CONTACT LENS PRESCRIPTIONS EXPIRE ONE YEAR FROM THE DATE OF THE EXAMINATION

At my request, today's examination will include a contact lens fitting, which will be charged in addition to my routine eye exam.

I acknowledge that I only have 60 days from the date of my contact lens fitting to finalize my contact lens prescription. After 60 days, I will be required to complete another contact lens fitting at an additional charge.

The CDC recommends the following for contact lens wearers:

- ✓ Schedule a visit with your eye doctor at least once a year.
- ✓ Take out your contacts and call your eye doctor if you have eye pain, discomfort, redness, or blurry vision.
- ✓ Understand that eye infections that go untreated can lead to eye damage or even blindness.

Symptoms of Eye Infection include:

- Irritated, red eyes
- Worsening pain in or around the eyes—even after contact lens removal
- Light sensitivity
- Sudden blurry vision
- Unusually watery eyes or discharge

I have read and understand the above terms and conditions and understand the importance of caring for my lenses as instructed, and returning for all recommended follow up examinations. I understand there are risks involved with wear and especially with over wear of contact lenses and that if I should experience sudden or prolonged redness or irritation, I should call this office immediately. I understand that I am required to complete follow up care prior to having my contact lens prescription released. I acknowledge that if my insurance does not cover a contact lens fitting, I will be responsible for the fitting fees. I understand that my eye care provider is now required by the Federal Trade Commission to provide me with a copy of my contact lens prescription at the conclusion of the contact lens fitting, *whether or not I desire it*. I understand that this fitting process may take more than one visit, but **once prescription has been FINALIZED I shall receive a copy**. However, if I am trialing contact lenses and I do not let the doctor know what contact lens prescription I like best, I acknowledge that it is **NOT** finalized and I will not receive my prescription until I have done so.

Signature of Patient/Guardian _____ **Date** _____

Printed Name of Patient _____