

Company
Address Line 1
City, State, Zip Code
Optician Name
Optician Title
Phone Number

Date:

Patient Name:

Patient Address:

Contact Lens Prescription Release:

Contact lenses are medical devices that can only be dispensed with a prescription from a licensed eyecare professional and contact lens fitter. Because eye changes can affect lens fit and corneal health, patients should exercise the same caution as with prescription drugs, observing all directions, expirations, and recommendations for follow-up visits.

I understand that I may use this prescription to obtain contact lenses from a third party; however, in doing so, I hold the doctor, the contact lens fitter, and this practice harmless with regard to any problems related to contact lens wear or fit.

I understand that I should seek a follow-up exam every 12 months with an eyecare provider. I also understand that this prescription must be filled as written, and the expiration date must be honored.

Federal law prohibits dispensing contact lenses without a prescription.

Date of last exam:

Expiration date:

	Sphere	Cylinder	Axis	Add	Base Curve	Diameter
O.D.						
O.S.						

Lens Type OD:

Lens Type OS:

Optician Name
Optician License State and Number