



Acknowledgement of Receipt Verification of Receiving Contact Lens Prescription

Due to the new Contact Lens Rule, providers are required by law to provide the patient with a copy of their contact lens prescription even if the patient doesn't ask for it. This consent is acknowledgement that Reed Eye Care Center, LLC has provided a copy of your contact lens prescription and they have reviewed contact lens care information with you. In addition, Reed Eye Care Center, LLC has an online portal to access prescriptions if you lose the copy of your prescription.

I hereby claim that I received a copy of my contact lens prescription.

Patient or Legally Authorized Individual Signature

Acknowledgement of Contact Lens Ordering Procedures

In the process of ordering contact lenses, REED Eye Care Center, LLC uses a third party vendor to supply boxes of contact lenses. The third party vendor supplies an invoice stating which box is meant for each eye. REED Eye Care Center, LLC is not responsible for any damaged products caused by the patient. REED Eye Care Center, LLC can only exchange contact lens boxes if they remain unopened and undamaged. This includes if the patient has written on or opened the contact lens boxes. In the event that the patient receives damaged products directly in the mail from the vendor, REED Eye Care Center, LLC will contact the distributor directly on the patient's behalf. However, REED Eye Care Center, LLC must be informed immediately upon receiving the product. Reed Eye Care Center contact lens fit and follow up policy includes any follow-ups within a 45 day period after the initial exam.

I hereby certify that I understand the contact lens ordering procedures.

Patient or Legally Authorized Individual Signature

Print Patient's Full Name _____

Date _____

Time _____

For Office Use Only:

Date _____

Time _____