CONTACT LENS PATIENT MANAGEMENT

PATIENT _____________________________________________________________

EXAM DATE______________ EXPIRATION DATE_____________

NOTICE TO PATIENT:

Contact lenses are a medical device that can only be dispensed by prescription. They must be regarded with the same caution you would use for prescription drugs, which includes prescription expiration dates and follow-up eye health visits with your eye doctor. Your eyes go through gradual changes in size, shape, and physiological requirements (such as oxygen), and this can change the fit and affect the health of the cornea.

Federal law prohibits dispensing contact lenses without a valid prescription.

I understand that Omni Eye Center is in no way responsible for contact lenses purchased elsewhere. There shall be no substitutes permitted in materials, manufacturer, or design of a contact lens prescription. Contact lens care systems and wearing schedules may not be altered without the doctor’s approval, and the prescription is only valid until the expiration date or the date prescribed by the doctor for the patient to seek professional eye health and vision care by a licensed practitioner. The prescription is only valid for the number of refills indicated.

I have read and understand the above instructions and hereby grant permission to release my contact lens prescription. I fully understand that I am waiving my right to object to releasing and providing such information by reason of it being personal privileged information or on any other grounds.

______________________________________  ______________  __________________________
Patient signature                          Parent if minor                 Date

THIS INFORMATION MUST BE IN THE FORM OF “WRITTEN COMMUNICATION” ONLY AND DOES NOT PERMIT “EX PARTE” ORAL COMMUNICATION.

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