

1800 contacts®

Dear Eye Care Provider,

We are requesting the contact lens prescription for the following customer pursuant to the Fairness to Contact Lens Consumers Act (Public Law 108-164), which requires the prescriber to provide a copy of the contact lens prescription to any person designated to act on behalf of the patient. This customer has authorized 1-800 CONTACTS to request this information on his/her behalf. This is not a contact lens order verification request.

Please either (A) send us a copy of the customer's actual prescription, or alternatively, (B) complete and send back to us the Prescription Form below, including all parameters, applicable dates, and signature.

The actual prescription or Prescription Form should be sent to our toll-free fax number 1-888-407-2020 by 07/11/2016. Please return this form even if the parameters below are correct.

Have not seen this patient since 2007!!

Patient Name: D

Address:

	Brand/Manufacturer	Power	Base Curve	Diameter	Cyl/Add	Axis
OD	Soflens 66 Toric 6pk	-1.00	8.50	14.5	-1.75	90

OS	Soflens 66 Toric 6pk	-2.50	8.50	14.5	-0.75	70
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Exam Date:

M	M	D	D	Y	Y	Y	Y

Rx Issue Date*:

M	M	D	D	Y	Y	Y	Y

Rx Expiration Date:

M	M	D	D	Y	Y	Y	Y

Doctor's Signature: _____

FAXED
7/4/16

*The term "Rx Issue Date" is the date on which the patient receives a copy of the prescription at the completion of their contact lens fitting.

**Absent a valid medical reason, the prescription cannot expire less than one year after the issue date in any state (or, in states that permit longer prescription lengths, the prescription cannot expire before the date specified by the state). If the prescriber has a valid medical reason for deviating from the default prescription length under state law at the time the prescription was issued, we ask that the medical judgment be documented and attached. Note that this information may be provided to the patient.