

### FTC Eyeglass Rule Workshop

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Patient Acknowledgement of Receipt of the Contact Lens Prescription

- Patient can sign a statement confirming receipt of the contact lens prescription
- Patient can sign a prescriber-retained copy of a contact lens prescription that contains a statement confirming receipt of the contact lens prescription
- Patient can sign a prescriber-retained copy of the receipt for the examination that contains a statement confirming receipt of the contact lens prescription
- Can provide prescription electronically, if the patient provides verifiable affirmative consent to receive prescription in that manner.

### **Contact Lens Prescription Signed Acknowledgment Form**

Included below is important information to review prior to receiving your contact lens prescription.

The Centers for Disease Control and Prevention (CDC) makes clear, "Contact lenses can provide many benefits, but they are not risk-free—especially if contact lens wearers don't practice healthy habits and take care of their contact lenses and supplies. If patients seek care quickly, most complications can be easily treated by an eye doctor. However, more serious infections can cause pain and even permanent vision loss, depending on the cause and how long the patient waits to seek treatment."

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.<sup>2</sup>

### The Food and Drug Administration (FDA) indicates:

 "To be sure that your eyes remain healthy you should not order lenses with a prescription that has expired or stock up on lenses right before the prescription is about to expire. It's safer to be re-checked by your eye care professional."

### 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\*

Sign below to acknowledge that you were provided with a copy of your contact lens prescription at the completion of your contact lens fitting.

Patient Signature:\_\_\_\_\_

Date:\_\_\_\_

AMERICAN OPTOMETRIC ASSOCIATION	Office Hours: Monday-Thursday 9:00-5:30 Friday 9:00-5:00

### CONTACT LENS PRESCRIPTION

Patient Name	DOB or IDW		
Examination Date	Issue Date		
Expiration Date			

Next appointment Date

	POWER	BASECURVE	DIAMETER	Quantity
0.D.				1 Lens 4 - Pk 6 - Pk 12 - Pk 30 - Pk 90 - Pk 180 - Pl
	Brand/Material Wearing Schedul			
0.5.				1 Lens 4 - Pk 6 - Pk 12 - Pk 30 - Pk 90 - Pk 180 - Pi
	1			

DEA #\_\_\_\_\_

Contact lenses are modical devices which require ongoing modical care for optimal performance and safety. Please contact our office if you experience any signs of complications including pain, redunes, loss of vision.

Sign below to indicate you were provided a copy of your contact lens prescription at the completion of your contact lens fitting.

Name Date

	Contact Lens License #:
Patient:	Date: 10/01/2020
DOB: Address	Expires: 10/01/2021 Rx #:8596

Lens and Dispensing

	Manufacturer		Dispense
OD	Bausch and Lomb	Natural Tint -O3	
os	Bausch and Lomb	Natural Tint -O3	2 Packs

### Rx Details

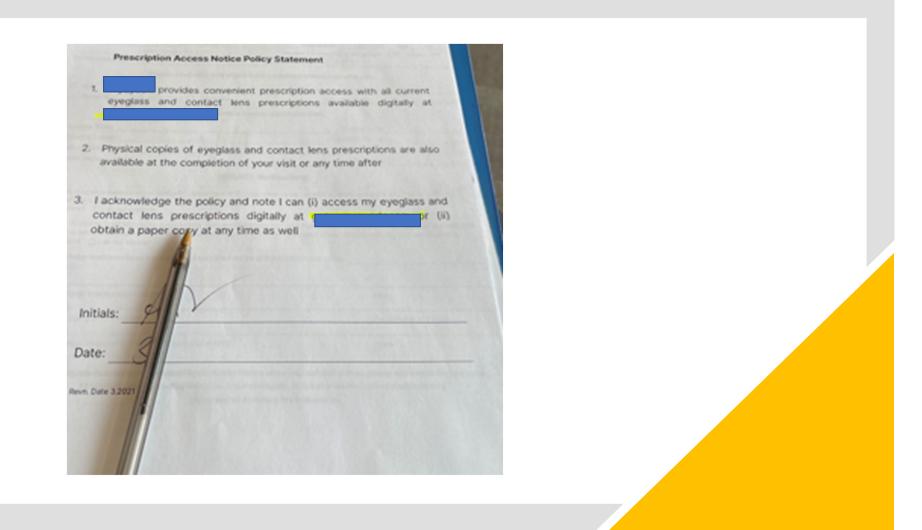
	MV	BC	Sph	Cyl	Axis	Diam	Add	Desig.	Tint
OD									
os									



As the patient named above, I confirm that I received a copy of this prescription at the conclusion of my visit.



# Signed Exam Receipt





## Questions