

Printed Name: _____ **Date:** _____

(Acct # - Internal use) _____

*****REFRACTION CONSENT*****

Refraction is not part of an eye examination. Refraction is a separate service allowing the doctor to give you an accurate eyeglass prescription and it also allows the doctor to determine if any reduction in your vision is due to the need to wear eyeglasses.

Glasses prescriptions expire yearly. If you break, lose, or damage your glasses then you will need a valid prescription to purchase new ones.

Most medical insurances do not cover refractions. If partially or not covered, you may owe \$75 (we do not participate in vision plans).

Do you want an updated GLASSES PRESCRIPTION today?

YES / NO

Internal Use Only:

Patient accepted / paid \$75 Patient declined

**Do you need your CONTACT LENS prescription at this appointment?
(Prescriptions expire yearly)**

Internal Use Only:

\$100 paid

YES / NO

Do you need to purchase contact lenses? YES / NO

Patient Signature: _____