



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.²

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."³

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 discharge⁴

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: _____



Office Hours:
Monday-Thursday
9:00-5:30
Friday
9:00-5:00

CONTACT LENS PRESCRIPTION

Patient Name _____ DOB or ID# _____

Examination Date _____ Issue Date _____

Expiration Date _____

Next appointment Date _____

	POWER	BASECURVE	DIAMETER	Quantity
O.D.				___ 1 Lens ___ 4 - Pk ___ 6 - Pk ___ 12 - Pk ___ 30 - Pk ___ 90 - Pk ___ 180 - Pk
Brand/Material _____				
Wearing Schedule _____				
O.S.				___ 1 Lens ___ 4 - Pk ___ 6 - Pk ___ 12 - Pk ___ 30 - Pk ___ 90 - Pk ___ 180 - Pk
Brand/Material _____				
Wearing Schedule _____				

_____, O.D.

DEA # _____

Contact lenses are medical devices which require ongoing medical care for optimal performance and safety. Please contact our office if you experience any signs of complications including pain, redness, 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:
DOB:
Address:

Date: 10/01/2020
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

Prescription Access Notice Policy Statement

1. [redacted] provides convenient prescription access with all current eyeglass and contact lens prescriptions available digitally at [redacted]
2. Physical copies of eyeglass and contact lens prescriptions are also available at the completion of your visit or any time after
3. I acknowledge the policy and note I can (i) access my eyeglass and contact lens prescriptions digitally at [redacted] or (ii) obtain a paper copy at any time as well

Initials: [signature]

Date: [signature]

Rev. Date 3.2021



Questions