

CL Evaluation Approval

PLEASE CHECK BELOW

_____ YES... I would like a contact lens evaluation today in order to update my contact lens prescription and have the ability to purchase contacts over the next 12 months. I understand that the evaluation charge and or fitting charge must be paid at the time of service.

_____ NO... I do not want a contact lens evaluation today and I understand that I will not be able to purchase contacts without an updated contact lens prescription.

Patient/Legal Guardian Signature _____ Date: _____

Patient Name (Printed) _____