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Receipt of Eyeglass/ Contact Lens Prescription Digital Consent

Date: _____

_____ I received a printout of my eyeglass/ contact lens prescription after the completion of my refractive eye exam.

_____ I consent to digital delivery of my eyeglass/ contact lens prescription.

Note: Your contact lens prescriptions may not be released until all follow-up appointments are completed.

Patient name: _____

Patient/ Parent Signature: _____