



120 Forrest Avenue- Cocoa- FL 32922

p:321.305.6647/ f: 321.208.8019 stacie@freedomopticalinc.com www.freedomopticalinc.com

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: _____