

CONSENT TO RECEIVE MY GLASSES AND CONTACT LENS PRESCRIPTION
ELECTRONICALLY

I consent to receive my glasses and contact lens prescription electronically through my patient portal.

My glasses and contact lens prescription is available to me, in my patient portal, at the completion of my refractive eye examination and contact lens fitting, 24/7.

I can revoke this consent at anytime.

I understand that I have the right to receive a copy of my prescription immediately after my refractive eye examination or contact lens fitting and that this prescription may be used to purchase eye wear from any provider.

Date _____