ACKNOWLEDGEMENT OF RECEIPT OF MY GLASSES PRESCRIPTION

Му	optometrist has	s provided	me with a	a paper	сору	of my	glasses	prescription	at the	completi	on
of	my refractive ey	e examina	tion.								

I confirm that I understand the prescription inf	formation provided and that I have the right to use
this prescription to obtain eyeglasses from an	y vendor of my choice.

Date
