

OPTIC GALLERY

Family Eye Care



Optic Gallery Contact Lens Communication

In accordance with the Fairness to Contact Lens Consumer Act, we are required to present you with your finalized contact lens prescription following your evaluation. Please print and sign below that you have received your prescription for our files.

I, _____ attest that I have received my finalized contact lens prescription from my eye care professional at Optic Gallery.

Signature

Date

I, _____ attest that I do not want a contact lens exam performed today and will not be receiving a contact lens prescription today from my eye care professional at Optic Gallery.

Signature

Date