

Patient Name: _____

Date Printed: _____

Lens Prescription Signed Acknowledgment Form

1. The Eyeglass Rule (updated in 2024) and the Contact Lens Rule (updated in 2020) state that patients shall receive a copy of their finalized prescription at the time it becomes final. Our practice complies by including your final Rx on the patient summary once finalized.

Spectacle lens prescriptions are normally finalized at the conclusion of the refractive eye examination.

Contact lens prescriptions are normally finalized:

- a) For patients *currently wearing* contact lenses: at the conclusion of the refractive eye examination that includes assessment of the contact lenses -or-
- b) For *new patients* being fitted for the first time, or for *current wearers* needing a prescription change that needs additional fitting visit(s): at the conclusion of the final contact lens fitting visit.

2. The Federal Trade Commission enacted new rules regarding lens prescriptions. Lens prescribers must document that we have provided a copy of the spectacle and/or contact lens prescription to the patient once finalized. This documentation must be retained by the prescribing office for three years.

In order to comply with these rules, we ask that you sign this form to acknowledge your receipt of the appropriate finalized lens prescription (sign only for the type(s) of prescriptions finalized).

Spectacle Prescription	Contact Lens Prescription		
My eyecare professional provided me with a copy of my spectacle lens prescription at the time it was finalized.	My eyecare professional provided me with a copy of my contact lens prescription at the time it was finalized.		
Patient Signature _____	Date Signed _____	Patient Signature _____	Date Signed _____

Alternatively, as directed by the FTC, you may refuse to sign this acknowledgment of receiving your finalized prescription(s). If you refuse, please state that you refuse or mark the box below:

Patient refused to acknowledge *spectacle lens* final prescription receipt Patient refused to acknowledge *contact lens* final prescription receipt

Office Staff Witness Signature Date Signed _____

Consent form For Electronic Delivery of Prescription (Answer Yes or No)

I would like my eyeglasses and/or contact lens prescription provided electronically via the patient portal.

Yes No

Thank you for your help in complying with this FTC requirement!