

## Consent Form for Delivery of Prescription

I would like my eyeglasses prescription sent to me electronically via:

- EMAIL
- TEXT
- FAX

### Signed Acknowledgement Form for Prescription Release

Sign below to acknowledge that you were provided with a copy of your eye glasses prescription after completing a refractive eye examination.

Patient Signature/Legal Guardian: \_\_\_\_\_

Patient ID# \_\_\_\_\_

Date: \_\_\_\_\_