Consent Form for Electronic Delivery of Prescription

Please Select One	
patient portal.	
I would like my eyeglasses and/or contact lens prescription sent t	o me electronically via

Yes □
No □
Signed Acknowledgement Form Following Prescription Release Sign below to
acknowledge that you were provided with a copy of your eyeglasses prescriptior
immediately after completing any refractive eye examination Patient
Signature:
Date: