

Contact Lenses and Glasses Prescription Acknowledgement Form

In compliance with the **Federal Trade Commission's Eyeglass Rule**, we are required to provide patients with a copy of their eyeglass prescription after their refractive eye examination. This ensures that you have the freedom to purchase eyeglasses from a provider of your choice.

By signing below, I acknowledge the following:

- I have received a copy of my **eyeglass prescription** following my refractive eye examination today.
- I understand that I am not obligated to purchase eyeglasses from New York Laser Vision and may use this prescription at any provider of my choice.
- I understand that the prescription provided is valid for **one year** from the date of the examination, unless otherwise specified by the doctor based on medical judgment.

Patient Name: _____

Date of Examination: _____

Date Prescription Provided: _____

Patient Signature: _____

Date: _____