**THIS IS A SAMPLE FORM: REVIEW AND REVISE AS NEEDED.**

**-Replace this section with your letterhead.**

**-Increase font size as needed.**

Patient acknowledgment of receipt of contact lens prescription.

Version 10/5/2020

(Date)

Contact Lens Prescription Received

In compliance with the Federal Trade Commission’s Contact Lens Rule that went into effect on October 16, 2020, this practice is required to confirm in writing that you received your contact lens prescription.

I have received a copy of my contact lens prescription and my questions have been answered.

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Patient Signature