

Federal regulations stipulate a contact lens prescription is valid for one year. Once the optometrist has arrived at your final contact lens prescription, he or she can indicate an expiration date based upon your eye health status on the written prescription. That expiration date may be less than one year.

ACCEPTANCE OF CONTACT LENS EVALUATION / FITTING

By signing this form I understand that I will be fit and evaluated for contact lenses. This fitting will carry an additional fee (depending on type of contact lens) and will expire one year from the date of evaluation and fit.

X _____	_____
(Patient's/Legal Guardian Signature)	(Date)
X _____	_____
X _____	_____
X _____	_____
X _____	_____

WAIVE TO BE FIT FOR CONTACTS

By signing this form I understand that I am **NOT being fit** and/or evaluated for a contact lens prescription. Also, by signing this form I do understand that NJ State Law dictates that a contact lens prescription is only **valid for 1 year**.

X _____	_____
(Patient's /Legal Guardian signature)	(Date)

Reason for refusal: _____

X _____	_____
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Reason for refusal: _____

X _____	_____
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Reason for refusal: _____