Contact Lens Release

(Insert Name of Business)
(Insert Street Address)
(Insert City, State Zip Code)
(Phone)

(From requirements of NCGS § 90-236.1) I understand that any person, firm or corporation dispensing contact lenses in NC from a licensed practitioner's written prescription shall, at the time the lenses are dispensed, inform the recipient both orally and in writing that he/she must return to the prescriber for a follow-up exam to ascertain the accuracy and suitability of the prescribed lens and for instruction on lens insertion and care. If I do not return to the prescriber for follow-up after the lenses are dispensed, I cannot hold the prescriber responsible for any damages or injury resulting from the prescribed lens. (This sentence does not apply if the dispenser and the prescriber are the same person.)

I am aware that my contact lens prescription is kept on file (according to NC law) by both the prescriber and the dispenser for at least 24 months after the prescription is filled.

As a contact lens wearer, I acknowledge my responsibilities in my vision care and use of these lenses. Further, I acknowledge verbal discussion of, and receipt of a written copy, of this information.

Patient's Copy

Patient Printed Name Signature

Dispensed By Date

---------- Tear along line----------

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