



**Birch Run Eyecare Associates**

Contact Lens Evaluation: Please Check Below

\_\_\_\_\_ Yes... I would like a contact lens evaluation today in order to update my contact lens prescription and have the ability to purchase contacts for the next 12 months. I understand my evaluation and fitting fees must be paid at time of service.

\_\_\_\_\_ No... I do not want a contact lens evaluation today and I understand that I will **NOT** be able to purchase contacts lenses without and updated contact lens prescription. I understand that by checking NO I will need to schedule another appointment to update my contact lens prescription and the fee will start at \$62 and go up depending on the complexity of the lens.

Patient (Guardian or Parent's) Signature \_\_\_\_\_

Date \_\_\_\_\_