

**Acknowledgement of Pupil Dilation:**

I understand that the Doctor recommends dilation of my pupils to more thoroughly evaluate the internal health of my eyes. Florida Board of Optometry requires dilation for a patient's first comprehensive eye examination unless there are medical reasons or a personal decision for it not to be performed.

Dilating drops frequently blur vision for a length of time which varies from person to person and may make bright lights bothersome. It is not possible for your Doctor to predict how much your vision will be affected. Because driving may be difficult immediately after an examination, it is best if you make arrangements not to drive yourself.

Dilation is necessary to evaluate the internal health of your eyes, and to look for signs of eye disease, diabetes, retinal detachment and/or malignant tumors.

**Acknowledgement of Receipt of Privacy Practice /Financial Agreement**

I have reviewed and received a copy of this office's Notice of Privacy Practice. A copy is available upon request. I acknowledge that I have been offered a copy of the Notice of Privacy Practices.

I agree to pay for all professional services on the day rendered, and acknowledge that professional fees are non-refundable.

**Acknowledgement of Frame/Lens Warranty and Policy for Re-Using Your Own Frame**

Frame Warranty

All frames purchased from Eye Care Family Vision Center have a one year warranty against manufacturing defects. We will replace the frame free of charge one time within one year from a date of purchase. The defective frame must be returned to Eye Care Family Vision Center prior to receiving the new frame.

Lens Warranty

Lenses have a one year warranty from date of purchase for the original prescription. This warranty covers any scratches or coating issues. The damaged or defective lenses must be returned to Eye Care Family Vision Center prior to receiving the new lenses.

Policy for Re-Using Your Own Frame

We are happy to reuse your frame if it is in good condition. While we make every endeavor to handle your frame with care, there is a small chance that the frame may break during the process of putting in new lenses. If the frame breaks and is unable to be repaired, we will either provide a new frame from our Vision Source collection or will cover 30-50% of the cost of the new frame.

We charge a \$40 patient-own-frame fee for inspecting, de-mounting, cleaning and handling.

Canceling or Changing any Eyewear Order

Production of most lens orders begins the same day. If you wish to cancel or change an order, please notify us within 24 hours for a full refund or credit. After 24 hours, we will refund you 50% of the cost of the lenses.

Doctor's Prescription Change

If there is any issue with the prescription, we will be happy to change the prescription or lenses within 60 days from the date of the original exam and replace the lenses at no charge. After 60 days, there will be a refraction fee and as well as a charge equal to 50% of any other necessary alterations.

Progressive Lens Non-Adapt Policy

Progressive lenses are customized to your prescription and measurements. If you are unable to adapt within 60 days from the date of purchase, we will supply you with new lenses in a different style at no charge. After 60 days, we will provide new lenses at a 50% discount.

Frame Change Policy

If you are not happy with your new frame, you can exchange it for an alternative design within 30 days of the original order. Lenses will not be able to reused but we can make new lenses at 50% off the full cost. You will also be responsible for the difference in cost should you select a higher priced frame.

Patient Name \_\_\_\_\_

Patient/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_