



EYEGLOSS & CONTACT LENS PRESCRIPTION CONSENT FORM

A refraction is the measurement used to determine your eyeglass and contact lens prescription. If you currently wear glasses or contact lenses, or believe you may need them, this measurement is required. It is performed by a trained technician during your pre-exam, using an instrument called a *phoropter*. It looks like this:



This instrument determines your need for lenses to correct your vision. This is the part of the exam where the technician asks, "Which is better, one or two?" We keep asking these questions until we have helped you achieve the best possible vision. In a sense, *you* write your own prescription as we guide you through the process.

The Centers for Medicare and Medicaid Services has decided that refractions are not a covered part of an eye exam. Commercial medical insurance follows the lead set by CMS. They have determined that this is a "non-payable service", **this means that you have to pay for this part of the eye exam.** Furthermore, CMS has declared that if we don't charge extra for this service, we could receive various forms of punishment and fines.

Our charge for this service is \$40.00

If you think any of the below situations apply to you, please sign this form so that we may know that you desire a prescription for glasses to be written for you today.

- **Blurry vision or a change in your visual clarity in your glasses or contacts**
- **It has been a year since your last prescription**
- **If you are thinking that it might be time for cataract surgery (we need this!)**

This measurement is included in the price of our contact lens fitting, but you still must sign this form to receive this service. If you do not wish for us to perform this procedure please sign under no at the bottom of this page. Please know that if Dr. Robertson sees you and he needs this, and we haven't done it in the pre-test, we may need to reschedule you for another day.

Refractions are a subjective measurement of your vision correction needs. We attempt to be as accurate as possible. However, certain conditions may alter the outcome of this test. Our optical provides one remake free of charge within 90 days of lens purchase. Further lens remakes will be charged at a discounted rate.

Yes, I wish to have a refraction. Signature: _____ Date _____

No, I do not want a refraction today. Signature: _____ Date _____