

FAGADAU  
HAWK &  
SWANSON  
M.D.

1-800-368-7328

Vision. For Life.

**Patient acknowledgment of receipt of contact lens prescription.**

(Date) \_\_\_\_\_

## Contact Lens Prescription Received

In compliance with the Federal Trade Commission's Contact Lens Rule that went into effect on October 16, 2020, this practice is required to confirm in writing that you received your contact lens prescription.

I have received a copy of my contact lens prescription and my questions have been answered.

Date:

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

\_\_\_\_\_ Patient Signature