

REFRACTION FEE-GLASSES RX RELEASE

This consent is a notice of non-covered refraction services. Your doctor has deemed it medically necessary to perform a refraction test at your office visit. Medical insurance companies do not cover for this test, therefore this is a non-covered charge. A screening refraction may be indicated by your doctor to assist in your diagnosis. **This is not a complete refraction.** If you wish to have a complete refraction performed with an updated glasses prescription released to you there is a \$50.00 fee for this service.

Definition of a refraction:

A refraction test is an eye exam that measures a person's ability to see an object at a specific distance. Your doctor can determine if you have nearsightedness, farsightedness, astigmatism, or presbyopia by performing this test. If a person has blurry vision this test can determine the extent of poor vision.

By signing I agree to pay the \$50.00 refraction fee to release my updated glasses prescription to me.

PRINTED PATIENT NAME PATIENT SIGNATURE DATE

By signing I understand that by not paying the \$50.00 refraction fee my updated glasses prescription will not be released.

PRINTED PATIENT NAME PATIENT SIGNATURE DATE