

Patient Name: _____

DOB: _____

Refraction (Determining the **prescription** for glasses/contacts) is a separate service from the medical portion of your eye exam and is billed separately. Most insurance companies do not pay for this portion of the exam. If your insurance company does not pay for this service and your doctor deems this service to be necessary, you will be responsible for the \$75.00 refraction fee.

WOULD YOU LIKE A **REFRACTION** TODAY?

YES NO IF NEEDED INITIALS _____ DATE _____

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