

Optima Eyewear and Optometry
105, 1700 Market St. SE, Airdrie, AB, T4A 0K9
Ph: (403) 463-3000
Fax: (855) 202-8544

Date: _____

To: _____ FAX: _____

From: **Optima Eyewear and Optometry**

Patient Name: _____

Date of Birth: _____

I, _____, have given consent to Optima Eyewear and Optometry to contact
_____ for the purpose of obtaining the information below.

- a) Spectacle prescription with date of exam, expiry date and prescriber's name
- b) Contact lens specifications with date of exam, expiry date and prescriber's name
- c) Complete patient file

Patient name

Patient signature

Date