

Custom Lenses

Date: _____

After a careful examination of your particular visual requirements, it is my professional judgment, as your eye doctor, that so-called "impact resistant lenses" will not fulfill your particular visual requirements. I have, therefore, prescribed other lenses for your use, which are being dispensed to you herewith.

I am giving you this notification in writing in accordance with the Food and Drug Administration's Statement of policy, update April 1, 2003, Section 801.410 Subpart H Special Requirements for Specific Devices.

Prescribing Doctor: _____

I have received and read a copy of this notification. I understand that these lenses are not impact resistant.

Patient: _____

Revised 3/1/2005

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Informed Consent Regarding the “EP” Expansion Prism Lens

I have been informed that the “EP” Expansion Prism Lens is recognized as “custom laminated and cemented assemblies”, as identified in the FDA Regulations known as ANSI Z80.1 – 1999, Section 801.410, Subpart H, “Special Requirements for Specific Devices”. As such, this lens does not require impact testing. This means that these glasses may not be as shatter resistant as standard glasses. I am willing to accept this risk in order to obtain a pair of glasses with the “EP” Expansion Prism.

In signing this informed consent, I hereby release and forever discharge Dr. _____ (the prescribing doctor), Chadwick Optical, Inc. (the manufacturing laboratory), and Schepens Eye Research Institute, Inc. (the originator of the “EP” Expansion Prism concept), their officers, agents, directors, and employees, of all liability and expenses which I may suffer, or cause others to suffer, by reason of utilizing this lens.

It has been thoroughly explained to me that the “EP” Expansion Prism lens, prescribed by Dr. _____ are to increase my general mobility. Also, let it be known that Dr. _____ does not condone driving for people with my visual defect without the express consent of the Department of Motor Vehicles of my home state or province.

My signature ensures that I have received and read a copy of this notification.

Patient: _____ Date: _____

Witness: _____ Date: _____

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