

1-800-CONTACTS

FAX TO 1-866-264-5093

Please be advised that the contact information you requested concerning a patient by last name:

Patient Last Name: _____

is possibly fraudulent, or is a patient that we do not have on file, or we were unable to completely understand your automated phone message.

As you know, Oregon Law and Federal Law expressly prohibit dispensing contact lenses without a signed prescription from a duly licensed practitioner. Filling any contact lens prescription from our office without such a document is therefore a clear violation of the law. It is also a violation of Federal Law to release any patient information to you or any third party without a prior signed consent of the above mentioned patient. Your Automated Phone Message certainly does not represent a valid patient consent to release records.

Please detach and have the patient fill out the following patient release form and return it via fax (503) 652-1690 to our office. Upon receipt of this information we will promptly forward a signed prescription for this patient to facilitate your supplying this patient with their contact lenses

or

The patient may personally drop by our office and request a copy of their prescription to be sent to you.

CONSENT TO RELEASE PATIENT INFORMATION

To: 1-800-CONTACTS

From: Dr. Robert D. Forbes & Assoc.
12000 S.E. 82nd Ave Suite 2012
Portland, Oregon 97266
Phone (503) 652-1479
FAX (503) 652-1479

I, _____, hereby authorize Dr Robert D. Forbes & Associates to provide my contact lens prescription to 1800 CONTACTS. I further authorize 1800 CONTACTS to communicate with Dr. Robert D. Forbes, OD or his staff either orally, in writing or by fax regarding the requested prescription information.

Signature of Patient or Guardian

Patient's Date of Birth

Patient's Social Security Number

WARNING TO DISPENSER / 1-800-CONTACTS :

Until such time as you have received written Dr signed confirmation of this patient's prescription from our Office, assume all the following: this patient does not possess a valid prescription, the information you have is incorrect, and the prescription is expired. We provide signed and dated prescriptions to all of our Contact Lens patients. Without your possession of a signed prescription on file, we expressly forbid you to fill this or any prescription purported to have come from our Office or our Doctors. Filling any of our patient's prescriptions without first possessing a Dr signed prescription from our office will be prosecuted to the fullest extent of the law.