



## Authorization Release of Contact Lens Parameters:

I, \_\_\_\_\_ request and authorize  
(Patient Name) (DOB)

\_\_\_\_\_ to release my current contact lens  
(Examining Doctor/fitter or Practice)

information to *The Contact Lens Store*.

Email: [support@contactlenstore.com](mailto:support@contactlenstore.com)

Customer Service: (888) 385-9476