

Commonwealth Family Eye Care, PLC

"Taking care of your family's visual needs"

Due to the recommendations of the CDC and local authorities, our office will close temporarily to protect our staff and community from COVID-19. During this unprecedented time, Commonwealth Family Eye Care will extend expired glasses prescriptions, contact lens prescriptions, and certain medical prescriptions as a courtesy. **(PLEASE NOTE: Prescriptions cannot be more than 6 months past expiration and is subject to the doctor's discretion).** Please sign, date, and email back the waiver below so that we may email you the requested prescription extended for 2 months. Medical prescriptions cannot be emailed so please indicate the pharmacy name and phone number so that we may call in refills in for you. Please allow 2-3 business days for a response.

I, _____, understand that Commonwealth Family Eye Care has extended my prescription, as indicated below, as a courtesy to get me through this period of time. **I WILL NOT hold Commonwealth Family Eye Care or its staff liable should the prescription not be up-to-date and/or if there are any incidences that arise from it. I understand that I will be contacted to make an appointment and I agree to keep the appointment.**

Glasses prescription

Contact Lens prescription

Medical prescription

Prescription name: _____

Pharmacy name: _____

Pharmacy phone number: _____

Name of Patient: _____

By checking this box and typing my name below, I am electronically signing this waiver.

Patient Signature (or Parent/Guardian Signature, if minor): _____

Best telephone number to contact you back: _____ Home Work Cell

Date: _____

ALL FIELDS MUST BE FILLED-IN COMPLETELY IN ORDER FOR THE REQUEST TO BE CONSIDERED

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