

Patient-Owned Frame and Prescription Lens Agreement Form

Eyes on Burbank Optometry

2005 W. Alameda Ave., Burbank, CA 91506

Phone: 818-476-4606

Patient Information

- **Full Name:** _____
 - **Date of Birth:** _____
 - **Phone Number:** (____) - _____
 - **Email:** _____
 - **Date of Visit:** _____
-

Frame and Prescription Information

- **Frame Brand/Model:** _____
- **Condition of Frame:**
 - ☐ New
 - ☐ Used
 - ☐ Good Condition
 - ☐ Visible Wear or Damage (scratches, bends, etc.)
- **Prescription Provided:**
 - **Date of Prescription:** _____
 - **Prescribing Doctor:** _____
 - **Prescription Type:**
 - ☐ Single Vision
 - ☐ Bifocal
 - ☐ Progressive
 - ☐ Other: _____

Acknowledgment of Risks and Policy

Please read and initial each section to confirm your understanding and agreement.

1. Frame Condition and Suitability

I understand that *Eyes on Burbank Optometry* is not responsible for the condition of my own frame. Any wear, damage, or existing weaknesses in the frame may affect the outcome when placing new lenses.

Initial: _____

2. Frame Breakage or Damage

I acknowledge that, while every effort will be made to handle my frame with care, there is a risk that my frame may be damaged, scratched, or broken during the lens-fitting process. *Eyes on Burbank Optometry* is not liable for any damages to patient-owned frames.

Initial: _____

3. Fit and Alignment

I understand that fitting new lenses into a patient-owned frame may impact lens alignment and comfort. I accept that adjustments may be required after the lenses are inserted, and I am responsible for bringing my frame back to the office if adjustments are necessary.

Initial: _____

4. Warranty

I acknowledge that while lenses made by *Eyes on Burbank Optometry* may be covered by warranty, this does not extend to my personal frame. Any future adjustments or repairs to my own frame are my responsibility.

Initial: _____

5. Non-Refundable Service

I understand that fees for lenses and services are non-refundable. I agree to cover any additional charges that may arise if adjustments, repairs, or additional services are required due to issues related to my frame.

Initial: _____

Agreement and Signature

By signing below, I confirm that I have read, understood, and agree to the terms and conditions listed above regarding the use of my own frame for new prescription lenses. I release *Eyes on Burbank Optometry* from any liability related to the use of my personal frame for this service.

Signature of Patient: _____

Date: _____

Witness (Office Use Only): _____

Date: _____