

**CAMARENA PORTER OPTOMETRIST INC.**

TRADING AS



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## Contact Lenses Indemnity Form

Contact lenses are medically prescribed devices, and should only be prescribed by a qualified and registered Eye Care Professional. The Health Professions Council of South Africa (HPCSA) requires contact lens wearers to have their eyes examined on an annual basis.

In the interest of healthy contact lens wear and long term eye health, it is vital to follow your Eye Care Professional's recommendations.

The appropriate contact lens wearing schedule (daily / 2-weekly / monthly / extended wear) has been explained to me and I accept my responsibility to follow these recommendations.

I have received a contact lens instruction and understand the cleaning procedure of contact lenses. I am capable of inserting, removing and handling contact lenses.

Neither the Contact Lens Supplier nor Spectacle World Optometrist accept the responsibility should any of the above not to be adhered to.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
DATE

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I.D NR

\_\_\_\_\_  
SIGNATURE