



Online Contact Lens Ordering Registration Form

Patient Name: _____

Email Address: _____

Last Comprehensive Exam Date: _____

I hereby authorize Trinity Eye Care to register my current Contact Lens RX and contact information through ABB CONCISE yourlens.com. I understand that my credit card and personal information are submitted in a safe, encrypted format through a secure server, whereby all patient data is protected by existing security control required under the HIPAA privacy laws. In addition, I also understand that no patient data is ever released to any third party except the patient and ABB CONCISE customer service for the sole purpose of order fulfillment.

Patient Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

NOTE: All email correspondence to patients are sent from Trinity Eye Care, via info@trinity-eyecare.com