

# Patient Acknowledgement Regarding Durable Medical Equipment

## SEMO Vision Care

You are being provided with eyeglasses or contact lenses with assistance from the Center for Medicare/Medicaid Services. This form provides assistance regarding the use and care of your products.

- Your glasses or contact lenses should be used only for the purposes explained to you by your physician.
- You should make no attempt to alter or in any way change your glasses or contact lenses without informing your physician.
- For eyeglasses to function properly, they must be adjusted properly. Consult the office for assistance with this service.
- Your eyeglasses or contact lenses have no implied warranty other than that required under the general warranty laws of the State. Destruction, loss or change of vision status requiring a change in prescription are not covered under any explicit or implied warranty.

Date of product delivery: \_\_\_\_\_

By signing below I acknowledge I understand the terms of this notification and acknowledge I have received the product in the manner in which I was promised.

Patient Signature: \_\_\_\_\_

If signing for someone else, nature or relationship: \_\_\_\_\_