



A: 3630 11TH AVENUE NW ROCHESTER, MN 55901 | P: 507.288.2457 | F: 507.288.1299 | E: INFO@ROCHESTERFAMILYEYECLINIC.COM

Doctor Authorization Form

To purchase contact lenses from our online store, the following information will be needed. Have your eye doctor fill this form out and have them fax it to us.

Our fax number is 507.288.1299

When we receive this completed form and it has been authenticated, your contact lens order will be shipped to you.

Doctor's Name _____

Clinic Name _____

Clinic's City _____

Clinic's State _____

Clinic's Phone Number _____

Clinic's Fax Number _____

Doctor's Signature _____