



# Optical Examination Waiver

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## Patient Information

Name

DOB

SSN

I certify that the listed patient has:

Alzheimer's disease

Alzheimer's related dementia

Vascular Dementia

The symptoms of the disease or dementia indicated significantly affects the patient's ability to sit for an optical examination to obtain a new optical prescription; the patient's lenses, spectacles, eye glasses, or optical devices are lost, broken, or damaged to a degree that renders them unusable; and the patient would derive significant benefit from replacement.

Printed name of licensed physician

Date

Signature of licensed physician

Date