

## Electronic Communications Consent Form

The ***Federal Eyeglass Rule of 2024*** requires all optometrists to obtain affirmative consent from each patient to send exam records, referrals, and/or prescriptions electronically. The above records will only be sent upon patient request. By signing this form, *I consent to North Bay Vision Center sending my requested records electronically.*

Patient Name: \_\_\_\_\_

Email: \_\_\_\_\_

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

Date: \_\_\_\_\_