

Douglas N. Black, O.D., P.A.
Optical Sales
2000 N. Plano Road, Suite 111
Richardson, TX 75082
972-234-3937

Date _____

Patient Name: _____

Responsible Party: _____

I understand that the office of Douglas N. Black O.D., P.A. will no longer be able to cancel an order for glasses or contacts once services have been rendered and payment received. I also understand that the sale is processed immediately after payment has been made; therefore, the staff is unable to withdraw the order.

X _____
(Responsible Party's Signature)

X _____
(Sales Associate's Signature)