



DRS. FACTOR & LANG
Optometry

Help us meet your individual eye care needs:

First Name: _____

Last Name: _____

Preferred Name: _____

Occupation: _____

Vision Insurance: _____

Medical Insurance: _____

Hobbies/Sports: _____

Are you interested in contacts? _____

GLASSES ADJUSTMENTS

I understand that occasionally frames may break during repairs and/or adjustments. I will not hold Drs. Factor & Lang Optometry responsible in the event of a breakage that is outside of the warranty period.

Patient Signature: _____

Date: _____