

State of Tennessee

**DEPARTMENT OF HEALTH**

Andrew Johnson Tower, 5th Fl

710 James Robertson Pkwy

Nashville, Tennessee 37243

**Optical Examination Waiver**

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

Patient’s Date of Birth­­­­­­­­­­­­­­­­­­­­­­­:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient's Address: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I ­ ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, M.D. /D.O, have examined the ­­­­­­­­­­­­­­­­­­­­­­­­­­­ [insert name of patient](patient) and have diagnosed the patient with: [choose all that apply: Alzheimer’s disease, Alzheimer’s related dementia, vascular dementia] . I have also determined that the symptoms of the disease or dementia significantly affect the patient’s ability to sit for an optical examination to obtain a new optical prescription. I have determined that the patient’s lenses, spectacles, eye glasses, or optical devices are lost, broken, or damaged to a degree that renders them unusable, and I have also determined that the patient would derive significant benefit from replacement of the lenses, spectacles, eye glasses, or optical devices. Accordingly, I have determined that the patient should be allowed to obtain replacement lenses, spectacles, eye glasses, or optical devices pursuant to any order (current or expired) which has previously been prescribed for patient.

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Signature of Licensed Physician