

Kearfott Eye Group, Inc

20 South Burnett Road
Springfield OH 45505

Jeffrey Kearfott, MD
David Erhard, OD
Jack Ewan, OD

Phone: 937-325-6363
Fax: 937-325-7262

Wednesday, March 31, 2004

Federal Trade Commission
ATTN: Commission on Contact Lenses Regulations
600 Pennsylvania Avenue, NW
Washington DC 20580-0002

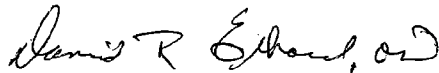
Subject: Contact Lenses Regulations

Dear Committee:

Having contacted my State Board of Optometry about this issue, I understand that you are looking into regulations regarding this compliant:

Enclosed is the following FAX received from *1-800-CONTACTS*. This FAX was waiting for us when we arrived on Monday morning, March 8, 2004. Since we do not have office hours on Saturday, I cannot tell if it was sent on Friday evening after we closed or sometime on Saturday. The point is the current rules say that these website companies have eight (8) business hours for the doctor to respond. Otherwise, they can go ahead and fill the Rx without verification.

But whose business hours?? Theirs or Ours?? If this was sent on Friday, they may have already filled it on Saturday without our verification. Unlike many offices around here, we are closed on Saturdays and open on Wednesdays. I have already received requests from this company for soft lenses and the only Rx I had on file is for rigid lenses. Also, I am constantly receiving requests for Rx verifications for expired prescriptions, sometimes expired by two years! If these come in on the weekend, how do I know the patient did not receive the expired lenses?



David R. Erhard, OD
Staff Optometrist

Warning: The Following Information
is
Confidential
and
Protected Under the HIPPA Laws

The information contained within this package is strictly for the evaluation and processing of the complaints contain herein in accordance with HIPPA regulations. Any other use is strictly forbidden.

Received

Monday @ 8:41 AM

8 March 2004



Prescription Verification Request

X 6301184 X

Prescription Code

Patient: _____ Address: _____

Date of Birth: Mar 10 1981

	Brand	Power	Base Curve	Diameter	Axis	Cyl / Add	Quantity
OD	Soflens 66 Toric 6pk	0.50	8.50	14.5	100	-1.25	1
OS	Soflens 66 Toric 6pk	0.50	8.50	14.5	80	-0.75	1

Prescription is correct

Rx Issue Date*:

1	0	0	3	2	0	0	3
M	M	D	D	Y	Y	Y	Y

Exam Date:

0	8	2	9	2	0	0	3
M	M	D	D	Y	Y	Y	Y

Rx Expiration Date:

0	8	2	9	2	0	0	4
M	M	D	D	Y	Y	Y	Y

Prescription is incorrect. The correct prescription is...

	Brand	Power	Base Curve	Diameter	Axis	Cyl / Add	Quantity
OD							
OS							

There is a medical reason that this Rx cannot be used for the manufacturer's color contact line as well.

ECP Information: If your office information below is incorrect or missing please correct it or fill in the blanks here or on an accompanying fax.

Business Name: **Kearfott Eye Group I**
 Doctor:
 License #:
 Phone:
 Fax:
 Email:

Office Address: **20 S Burnett Rd**
 City:
 State:
 Zip:

*The term Rx 'issue date' means the date on which the patient receives a copy of their contact lens prescription according to Sec 5 Subsection C of the Fairness to Contact Lens Consumers Act of 2003, Pub. L. No. 108-164. This document, as well as other Congressional actions, may be accessed at <http://thomas.loc.gov> by referencing the file number listed above, in the public law section.