

367.683 Verification of contact lens prescription.

- (1) All contact lens sellers and any person authorized in accordance with KRS Chapters 320, 315, or 326 to dispense contact lenses in the Commonwealth shall verify the contact lens prescription by the following:
 - (a) Receipt of a written or faxed valid contact lens prescription signed by the prescribing optometrist, osteopath, or physician; or
 - (b) An electronic or oral affirmative communication of the complete contact lens prescription from the prescribing optometrist, osteopath, or physician.
- (2) If a contact lens seller or any person authorized to dispense contact lenses in the Commonwealth finds it necessary to contact the prescribing optometrist, osteopath, or physician via telephone in order to verify a contact lens prescription, the following protocols shall be followed:
 - (a) Calls shall be made during regular business hours;
 - (b) Any verification requests shall include the name, address, and telephone number of the patient;
 - (c) The toll-free telephone number as required by KRS 367.687(7) shall be included in voice mail or messages left on answering machines;
 - (d) Contact lens prescriptions shall not be mailed, sent, delivered, or dispensed before verification by the optometrist, osteopath, or physician;
 - (e) Touch-tone telephone options offered by a contact lens seller or any person authorized to dispense contact lenses in the Commonwealth shall not constitute verification; and
 - (f) Response-time options stated by a contact lens seller or any person authorized to dispense contact lenses in the Commonwealth shall not constitute verification.
- (3) In the absence of a prescription as defined and described in KRS 367.680 and 367.681, it shall be a violation of KRS 367.680 to 367.690 to dispense contact lenses through the mail or otherwise to a Kentucky resident.

Effective: July 14, 2018

History: Amended 2018 Ky. Acts ch. 44, sec. 3, effective July 14, 2018. -- Created 2003 Ky. Acts ch. 1, sec. 4, effective June 24, 2003.