

**OFFICE PARK EYE CENTER**

Carol A. Johnston, MD  
L. Brent Wilshire, MD  
Tina L. Butera, MD  
6 Office Park Eye Center  
Jacksonville, NC 28546  
Telephone: (910) 355-3937  
Fax: (910) 347-6663  
#56-1834833

**FAX COVER SHEET**

DATE: 3/22/04

TO: Patrick Ellington FAX: 202 737-7061

RE: \_\_\_\_\_

FROM: Phyllis Butler

NUMBER OF PAGES (INCLUDING COVER SHEET): 9

MESSAGE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If any part of this fax transmission is missing or not clearly received-please call immediately:

Name: \_\_\_\_\_

Phone Number: (910) 355-3937

The PHI (Personal Health Information) contained in this FAX/Email is **HIGHLY CONFIDENTIAL**. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is violation of Federal Law (HIPAA) and will be reported as such.

800

We deliver. You save.

Pick a Product...

7-40 off

Free Shipping on web orders!

Click here to view all shipping options available.

PRESCRIPTION INFORMATION ACCOUNT INFORMATION CHECKOUT

ACCOUNT INFORMATION

Phyllis Butler
109 Grassy Pond Ln
Richlands, NC 28574
United States
H: (910) 324-1941
W: () -
oneshoe@charter.net

SHIPPING INFORMATION:

Phyllis Butler
109 Grassy Pond Ln
Richlands, NC 28574
United States

Customer # 08671180

not my account

CUSTOMER SERVICE

- Contact Us
Common Questions
Privacy Policy

PRODUCT & PRESCRIPTION INFORMATION

Table with columns: QUANTITY, POWER, BC, DIA, PRICE, SUBTOTAL. Rows for RIGHT EYE (OD) and LEFT EYE (OS) with values 0, -5.00, 8.80, 14.00.

PRODUCT Acuvue

PATIENT Phyllis Butler

Rx Edit Options...

DOCTOR NAME Johnston Md

DOCTOR PHONE (910) 455-2118

Table with columns: QUANTITY, POWER, BC, DIA, COLOR, PRICE, SUBTOTAL. Rows for RIGHT EYE (OD) and LEFT EYE (OS) with values 0, -5.00, 8.70, 14.00, E-Green.

PRODUCT Acuvue 2 Colours

PATIENT Phyllis Butler

Rx Edit Options...

DOCTOR NAME Johnston

DOCTOR PHONE (910) 355-3937

Table with columns: QUANTITY, POWER, BC, DIA, COLOR, PRICE, SUBTOTAL. Rows for RIGHT EYE (OD) and LEFT EYE (OS) with values 1, -5.00, 8.70, 14.00, E-Blue and E-Green.

PRODUCT Acuvue 2 Colours

PATIENT Phyllis Butler

Rx Edit Options...

DOCTOR NAME Johnston Md

DOCTOR PHONE (910) 455-2118

+ ADD PRODUCT

EYE CARE ACCESSORIES

Aquasoft 4 Pack

Aquasoft Drops

3/1/04 @ 5:00 pm

1 800 CONTACTS

Prescription Verification Request

X L318025 X

Prescription Code

Patient: Butler, Phyllis Address: 109 Grassy Pond Ln
Date of Birth: Oct 24 1963 Richlands, NC 28574

Table with columns: Brand, Power, Base Curve, Diameter, Axis, Cyl / Add, Quantity. Rows for OD and OS.

Prescription is correct

Rx Issue Date, Exam Date, Rx Expiration Date grids

Rx is expired!

Prescription is incorrect. The correct prescription is...

Table with columns: Brand, Power, Base Curve, Diameter, Axis, Cyl / Add, Quantity. Rows for OD and OS with handwritten entries.

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: Office Park Eye Cent Doctor: Johnston MD, Carol A Office Address: 6 Office Park Drive
License #: Phone: 910-455-2118 Fax: 910-347-6663 City: Jacksonville State: NC Zip: 28546

\*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.

**OFFICE PARK EYE CENTER**

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#56-1834833

**FAKED**  
3/19/04 @  
5:00 AM

**FAX COVER SHEET**

DATE: 03/09/04

TO: 800-Contacts

FAX: 800-557-9520

RE: CFI Rx

FROM: Office Park Eye Center

NUMBER OF PAGES (INCLUDING COVER SHEET): 3

MESSAGE: CFI Rx for patients [REDACTED]  
and Phyllis Butler

If any part of this fax transmission is missing or not clearly received-please call immediately:

Name: Pam Hughes

Phone Number: (910) 355-3937

The PHI (Personal Health Information) contained in this FAX/Email is **HIGHLY CONFIDENTIAL**. It is intended for the exclusive use of the addressee. It is to be used only to aid in providing specific healthcare services to this patient. Any other use is violation of Federal Law (HIPAA) and will be reported as such.

ACTIVITY REPORT

TIME : 03/11/2004 08:48
NAME : OFFICE PARK EYE CENT
FAX : 9103476663
TEL : 9103553937
SER.# : BROH3J585208

Table with columns: NO., DATE, TIME, FAX NO./NAME, DURATION, PAGE(S), RESULT, COMMENT. Contains multiple rows of activity data with some redacted information.

BUSY: BUSY/NO RESPONSE
NG : POOR LINE CONDITION / OUT OF MEMORY
CV : COVERPAGE
POL : POLLING
RET : RETRIEVAL
PC : PC-FAX

# Use this reorder form for *free shipping*:



Please send (4) 6packs of the **Acuvue 2 Colours (6pk)**  
 My check is enclosed for **\$139.80 (free shipping)**  
 Bill my credit card **\$139.80 (free shipping)**

PLEASE FILL IN CREDIT CARD INFORMATION AT BOTTOM OF FORM

Double my order, give me an additional discount of \$10.00  
 I will receive (8) 6packs of the **Acuvue 2 Colours (6pk)**  
 My check is enclosed for **\$269.60 (free shipping)**  
 Bill my credit card **\$269.60 (free shipping)**

PLEASE FILL IN CREDIT CARD INFORMATION AT BOTTOM OF FORM

**800 CONTACTS**

Customer No:  
**08671180**

My prescription and/or address has changed.  
 (Please fill out new info on the reverse of form.)

Your Prescription on file is:

Right Eye **-5.00 Acuvue 2 Colours**  
 Left Eye **-5.00 Acuvue 2 Colours**

**Green**

▲ CHECK A BOX, ENCLOSE CHECK OR CREDIT CARD INFO, AND MAIL TO: 8757 South State Street, Sandy, UT 84070 ▲

Phyllis	Left (1) Acuvue 2 Colours	-5.00	8.70	14.0	E-green 1	x	34.95	34.95
	Right(1) Acuvue 2 Colours	-5.00	8.70	14.0	E-blue 1	x	34.95	34.95

Subtotal: \$69.90  
 Shipping: \$5.95  
 Tax: \$0.00  
 Discount: \$0.00  


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**Total Paid: \$69.90**

At 1-800 CONTACTS your satisfaction is guaranteed. If you are not pleased with your order, call us and we will be happy to make it right.

Shipping Method: MAIL

1-800 CONTACTS, INC. is a contact lens replacement service and does not provide medical care for your eyes. Have your eyes examined regularly and always follow your eye care professional's instructions for the proper use and care of your contacts. If you experience any pain or discomfort from your contacts, discontinue use immediately and consult your eye care professional.



Sold to:  
 Phyllis Butler  
 109 Grassy Pond Ln  
 Richlands, NC 28574

USA

Invoice info:  
 Invoice Date: 03/09/2004  
 Customer No: 08671180  
 Invoice No: 0015604134

**1 800 CONTACTS**

## New Rights for Contact Lens Wearers

Dear 1-800 CONTACTS Customer:

A new federal law will make it easier to purchase your contact lenses. ***The Fairness to Contact Lens Consumers Act*** goes into effect February 4, 2004, and will protect you from the conflict of interest where eye doctors both prescribe and sell lenses. Here are your new rights under this law:

**Right to Your Prescription.** You have a right to your prescription automatically and unconditionally. Once your contact lens fitting is done, your eye doctor must give you a copy of your prescription - whether you ask for it or not - and without an extra fee or the need to sign a waiver or form.

**You Don't Have to Buy Your *Initial* Box of Lenses from Your Doctor.** When your eye doctor prescribes new lenses, he or she will generally have you wear a trial pair to test their fit. Once the doctor determines the fitting is complete, the federal law requires that you receive your prescription immediately. You are then free to buy your *initial* boxes of lenses, as well as your replacement lenses, from any vendor you choose whether that be your doctor, or 1-800 CONTACTS.

**Right to Have Your Prescription Verified.** Whenever you want to buy your lenses from a retailer such as 1-800 CONTACTS, your doctor must cooperate. If your eye doctor does not respond to our request for verification within eight business hours, the prescription is considered verified, and you will receive your lenses.

**Protection Against Expensive "Private Label" Lenses.** You may have been prescribed private label, or store brand, lenses available only through your eye doctor's office. Under the new law, we can provide you with identical lenses made by the same manufacturer, regardless of the brand name on your prescription.

**Protection Against Unreasonably Short Prescription Lengths.** The law requires that your prescription be valid for at least one year. An eye doctor may only write a prescription for less than one year if justified by your medical health.

Under this new law, your ability to order lenses from 1-800 CONTACTS and other retailers will be simpler, easier and even more consumer friendly. Also, please keep in mind that no retailer, whether it be 1-800 CONTACTS or any other vendor, will be able to legally sell you contact lenses if your prescription is invalid or expired.

If you have any questions about your rights under this new law, or if you believe your rights under this law have been violated, please refer to [www.1800contacts.com/legislation](http://www.1800contacts.com/legislation). We look forward to serving you again soon.

Sincerely,

The Team at 1-800 CONTACTS

03/23/2004 07:28 9103476663  
03/16/2004 08:49 19103245900

OFFICE PARK EYE CENT  
PIGGLY WIGGLY

PAGE 08/09  
PAGE 01



08671180  
Phyllis Butler  
109 Grassy Pond Ln  
Richlands NC, 28574

March 9, 2004

Dear Phyllis

We have received the attached from your eye care provider. Please contact this or another eye care provider before wearing your contacts. Please be sure to give us any updated information the next time you order.

Sincerely,

JRUSSELL  
1-800 CONTACTS  
[info@1800contacts.com](mailto:info@1800contacts.com)

1300

### Prescription Verification Request

X      6318025      X

Prescription Code

Patient: **Burder, Phyllis**      Address: **109 Grassy Pond Ln**  
 Date of Birth: **Oct 24 1963**      **Richlands, NC 28574**

	Brand	Power	Base Curve	Diameter	Axis	Cyl / Add	Quantity
OD	Acuvue 2 Colours (Bpk)	-3.00	8.70	14.0	0	0	1
OS	Acuvue 2 Colours (Bpk)	-5.00	8.70	14.0	0	0	1

Prescription is correct

Rx Issue Date:

M	M	D	D	Y	Y	Y	Y

Exam Date:

0	2	2	6	2	0	0	3
M	M	D	D	Y	Y	Y	Y

Rx Expiration Date:

0	2	2	6	2	0	0	4
M	M	D	D	Y	Y	Y	Y

*Rx is expired!*

Prescription is incorrect. The correct prescription is...

	Brand	Power	Base Curve	Diameter	Axis	Cyl / Add	Quantity
OD	AV	-3.00	8.8				
OS	AV	-5.00	8.8				

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: **Office Park Eye Cent**  
 Doctor: **Johnston MD, Carol A**  
 License #: **910-455-2118**  
 Phone: **910-347-6862**  
 Fax: **910-347-6862**  
 Email:

Office Address: **6 Office Park Drive**  
 City: **Jacksonville**  
 State: **NC**  
 Zip: **28546**

\*The term Rx 'issue date' means the date on which the patient receives a copy of their contact lens prescription according to the Subsection C of the Return 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 session.