ALABAMA
OPHTHALMOLOGY
ASSOCIATES

Ophthalmic Plastic and Reconstructive Surgery
John A. Long MD, FACS
Matthew G. Vicinanzo MD, FACS
Katherine A. Orman MD (Fellow)

Cornea, External Disease and Anterior Segment
Kristin C. Bains MD
Walter T. Parker MD

Pediatric Ophthalmology and Strabismus
Jennifer D. Davidson MD
Allison C. McKelvey OD

Administrator
Brooke E. Dover CPA

Consent for Medical Treatment

Dear Parent or Guardian:

Before your child is seen by one of the doctors at Alabama Ophthalmology Associates, P.C., we must obtain a consent for medical treatment by a parent or legal guardian.

Patients Brought by Non-Parents

If you allow someone other than a parent to bring your child to see one of the doctors at Alabama Ophthalmology Associates, P.C., you must provide a letter stating the following and signed by you:

I give permission for (name of person bringing the child) to bring my child to Alabama Ophthalmology Associates, P.C. for treatment on (date of visit).

You must also sign the consent on page 2 of the Child Registration form on our website prior to your child being seen. Please download the form prior to your child's appointment. Complete the information and sign page 2. Please send the completed and signed form with whomever will be bringing your child to the appointment.

A parent or legal guardian must ALWAYS bring the child for surgery.

Patients in the Custody of a Non-Parent

If the patient is in the custody of a non-parent, we must have a copy of the guardianship agreement or court order, signed by the clerk of court, before the patient is seen at Alabama Ophthalmology Associates, P.C.

Thank you in advance for your cooperation. Please do not hesitate to contact our office should you have any questions.

Sincerely,

Alabama Ophthalmology Associates, P.C.

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Brooke E. Dover
CPA

Date: _____

Re: _____
Patient Name

Dear Alabama Ophthalmology Associates:

I give permission for _____ to
(Name of Person Bringing the Child)

bring my child to Alabama Ophthalmology Associates, P.C. on

_____ for treatment by one of
(Date of Appointment)

the physicians at Alabama Ophthalmology Associates. This letter also serves as my consent for one of the physicians at Alabama Ophthalmology Associates to treat my child

Sincerely,

_____
Signature of Mother or Father of Patient