ASSOCIATED EYE CARE, INC.

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960 W. Wooster St.
Suite 216
Bowling Green, OH 43402
(419) 352-5500
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Treatment of a Minor

(When not accompanied by an Adult)

To comply with regulatory requirements, it is necessary that we obtain written permission of a minor's legal guardian prior to administering any medical care/advice/treatment, including dilation. In an emergency situation the parent's consent is desirable, but usually not necessary. An emergency is usually defined as any medical situation which might deteriorate into a life- or body-threatening situation if not treated promptly.

Please complete this form so this minor may see one of the doctors without your presence.

Patient's Name: _____

Legal Guardian Printed Name: _____

Legal Guardian's Signature: _____

Adult permitted to accompany minor: _____

Date: _____

K. Charles Raffoul, M.D. Christina P. Tam, M.D. James A. Knupp, M.D. Anjali Tapadia, M.D.
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