

ASSOCIATED EYE CARE, INC.

2702 Navarre Ave.
Suite 205
Oregon, OH 43616
(419) 696-7780
(419) 696-7782 fax

1000 Regency Ct.
Suite 100
Toledo, OH 43623
(419) 882-0588
(419) 885-3070 fax

960 W. Wooster St.
Suite 216
Bowling Green, OH 43402
(419) 352-5500
(419) 352-5577

Date: _____

Printed name of patient: _____

I have been asked to fill out forms regarding my health and personal demographics and have declined. I accept full responsibility for this decision.

Signature of patient: