

Consent to treat minor children

Minor Patient's Name (First/Last):.....
Minor Date of Birth:.....
Parent/Legal Guardian Name (First/Last):.....
Parent/Legal Guardian phone number:.....
Financial Responsible party for minor (First/Last):.....

I, the parent/legal guardian of the minor listed above, do hereby consent to any vision or medical care determined necessary for the welfare of my child by the staff/doctors of Birch Run Eye Care Associates. This includes, but is not limited to the administration of topical eye drops for dilation, ocular health testing scans, contact lens related testing, etc. I understand that some services may incur a charge and I am aware that I am responsible for those charges including any copays.

Location of care is Birch Run Eye Care Associates

This consent form is good for the following dates (Check all that applies):

- Date of visit:.....
- Today's visit and all future appointments

Additional Services: Please check all that applies

- 1) Contact lens exam:
 - I am aware and acknowledge that I am responsible to pay for the contact lens evaluation fee due at/or before check in.
*** Contact lens fee is \$ 85-125 depending on complexity of contact lens evaluation
*** Contact lens evaluation fee for ALL NEW contact lens wearers is \$125

- 2) Retinal Screenings - ultra widefield picture of the retina (inside back of the eye) to aid in evaluating eye health and monitoring for future changes to eye health
*** All of our doctors recommend ALL patients to have a yearly updated optos screening
 - Optos screening: cost \$25(this service is not covered by your insurances and is due at time of service)

How Do I pay for my child's visit:

- I prefer to pay at time of check in (call me/financial responsible party)
- I prefer to pay prior to check in (call me/financial responsible party)
- I will send money or a credit card with my child/guardian

Glasses/Contact lens ordering disclaimer:

- I acknowledge that my child will be fitted for glasses and/or contact lens but the

products will not be ordered until payment is received in FULL.

Signature of Parent/Legal Guardian:.....

Date:.....