



Ophthalmic Plastic and
Reconstructive Surgery

John A. Long
MD, FACS

Matthew G. Vicinanza
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

Colette M. Jackson
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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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