LOUISIANA FAMILY EYECARE
YOUR VISION SOURCE

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## Consent Form for an Established Minor Patient

Dear Parents/or Guardians:

We are pleased to have your teenager as our patient. Please take a minute to fill out the consent below which will authorize our doctors to provide eye care to your teenager without your presence **if they have been established as a patient in our office**. Please have them bring this form to his/her visit, mail it to our office, fax it (985-875-9844), or drop it by our office before their visit. Thank you very much for your cooperation.

By signing below, I authorize the optometrists of Louisiana Family Eyecare to provide eye care for my child or legal dependent named below.

**___ Eye Examination**

**___ Dilation and/or ____Optos Retinal Imaging**

*Dilation is often needed to determine the appropriate prescription for young patients and used to check the health of the eyes. Dilation will cause light senstivitiy and make near vision blurry for 3 to 6 hours.*
*Optos is a laser imaging system that captures an ultra-wide image of the retina.*
****__The fee of this Optos Imaging is $49 and is not covered by insurance__****

**___Contact Lens Evaluation**

*The contact lens evaluation fee varies depending upon the type of contact lenses the patient needs and may not be able to be determined until the examination. If your child has not worn contacts previously, we encourage you to accompany them to the visit or return to the clinic for the contact lens evaluation portion of the visit when it is convenient for you to be present. If you have questions regarding vision plan coverage, please contact us prior to the visit to discuss, as professional services are non-refundable after they have been completed.*

In case of an emergency, I authorize the doctors and staff of Louisiana Family Eyecare to act on behalf of my child or legal dependent in the way they deem medically advisable.

I accept full financial responsibility and understand that the copayments/ payments are due for professional services at the time they are rendered.

_____ _____
Child's Name DOB Signature of Parent/Guardian Date

_____ _____
Parent's/Guardian's Cell Phone Secondary Emergency Contact Name and PH#