



Family Vision Care Associates, LLP

Ira J. Bernstein, O.D., F.A.A.O., F.C.O.V.D. Paul R. Bernstein, O.D., F.C.O.V.D. Andrea S. Bernstein, O.D.

CONSENT

I _____, parent/legal guardian of _____,
hereby give permission for services to be rendered to _____, in
connection with their appointment of _____, as well as any
subsequent visits, should they be needed.

Today's Date: _____

Signature of Parent/Legal Guardian

Print name and relationship