CONSENT TO SEE/TREAT DEPENDENT

By signing this form you are hereby giving Commerce Family Eyecare and the doctors therein permission to see and treat your minor/dependent child without you being present.

Your signature, as the minors parent/guardian, on this document takes place of any and all signature required areas on our offices patient forms.

Printed r	name	
Relation	ship to patient	
Signatur	e	
Date		