



Advanced Family EyeCare, LLC

Consent to exam and treat minor

I _____ parent/ legal guardian authorize

Advanced Family Eyecare, LLC (John Gallagher,O.D., Jamie

Gallagher,O.D. and/or an associate doctor employed by Advanced FamilyEyecare, LLC) permission to exam and treat my son or daughter

_____ who is under the age of 18.

Parent/ Legal Guardian

date