Alvarez Reigstad Optometry, PC
500 Eubank Blvd SE - Suite A
Albuquerque, NM 87123

Phone: 505-323-2555
Fax: 505-323-0888

CONSENT TO TREATMENT OF MINOR CHILD

I, _____, give consent for the following individual(s) to accompany my minor child, _____ DOB: _____, to their appointments at Alvarez Reigstad Optometry, PC.

I understand that this agreement will remain in effect until a written request to terminate is received by Alvarez Reigstad Optometry, PC.

Authorized Personnel

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Name: _____ DOB: _____ Relationship: _____

Legal Parent/Guardian Signature: _____ Date: _____