

The Focal Pointe

RICHARD D. HAMILTON OD • ALLAN O. DEAN OD • ALEX F. FALB OD

BOARD-CERTIFIED OPTOMETRIC PHYSICIANS

Advanced eyecare meets compassion and convenience.

2724 Capital Circle NE Suite # 1, Tallahassee, FL 32308

phone: 850-385-4444 fax: 850-386-5383

CONSENT FOR MEDICAL TREATMENT OF A MINOR

Only complete this form if the patient is under the age of 18

Patient's Name: _____

Are you the legal guardian for this patient? Circle One - YES NO

I hereby give my consent to schedule, treat, and prescribe medicinal drugs to:

The Focal Pointe: Dr. Richard D. Hamilton, Dr. Alex F. Falb, and/or Dr. Alan O. Dean.

I accept and assume responsibility for any and all expenses incurred at the time of all appointments.

This agreement for treatment remains in effect for one year from the date signed.

Please circle the following:

Dilation

or

OPTOS

Parent or Legal Guardian Signature: _____

Below are the names, relationship, and telephone contact numbers whom may accompany my child to The Focal Pointe.

PERSON(S)	RELATIONSHIP	PHONE NUMBER
-----------	--------------	--------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

DATE: _____