



Jonathan A. Seidenberg, M.D., F.A.C.S.
*Comprehensive Ophthalmology
Cataract and Refractive Surgery*

Eugene E. Protzko, M.D.
*Comprehensive Ophthalmology
Cataract and Oculoplastic Surgery*

Candice R. Giordano, M.D.
*Comprehensive Ophthalmology
Cataract Surgery*

Kimberly A. Neutze, D.O.
*Pediatric Ophthalmology
Comprehensive Ophthalmology
Cataract Surgery*

David D. Reed, O.D., F.A.A.O.
James E. Stottlemyer, O.D., F.A.A.O.

Scott M. Smearman, O.D., F.A.A.O.

Patricia V. Jones, O.D.*

Daniel C. Byron, O.D.*
*Comprehensive Optometry
Contact Lenses**

Parent Delegation Form Authorizing the Medical Care of a Minor

Parent: Please make arrangements to ensure that all co-payments and non-covered services are paid at the time of service.

I, _____, am the
(Print Name)

- Natural or adoptive parent of
- Guardian of
- Person who, under court order, is authorized to give consent for

The minor, _____
(Print name of minor)

I, hereby, delegate _____
(Print name of person to whom authority is delegated)

To give consent of medical care to the above named minor. The relationship of this person to the minor is:

- Grandparent
- Adult brother or sister
- Adult aunt or uncle
- Step-parent
- Another adult who has care and control of the above named minor

Signature of parent or legal guardian

Signature of delegated guardian

Date

Date

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2023 Pulaski Hwy.
Havre de Grace, MD 21078
410-939-6477
Fax 410-939-6555

Ambulatory Care Center
520 Upper Chesapeake Dr., Ste. 401
Bel Air, MD 21014
443-643-4500
Fax 443-643-4510

Kent Plaza
711 Washington Ave., Unit 3
Chestertown, MD 21620
410-778-1150
Fax 410-778-2949

North Bay Professional Pavilion
360 East Pulaski Hwy., Ste. 1
Elkton, MD 21921
410-620-3600
Fax 410-620-3838