

Glasses Prescriptions: If you need a copy of your current glasses prescription, call during business hours, choose the Triage Nurse telephone option and leave the requested information. For specific questions involving our optical services, call our switchboard.

After-Hours Calls and Emergencies: If you call our switchboard after office hours, you will be instructed how to obtain urgent care. If you are calling for another service, you will be given other choices. If you have a medical emergency, go to the nearest hospital emergency room or call 911.

I have read and understand The Regional Eye Center Office Policies and Procedures.

Signature of Patient / Guardian

Date

Print Name of Patient / Guardian

General Consent to Treatment

General Consent to Treatment: By signing below, I (or my authorized representative on my behalf) authorize the physicians and staff of The Regional Eye Center to conduct any diagnostic examinations, tests, and procedures and to provide any medications, treatment, or therapy necessary to effectively assess and maintain my health, and to assess, diagnose, and treat my illness or injuries. I understand that it is the responsibility of my individual treating healthcare providers to explain to me the reasons for any particular diagnostic examination, test, or procedure, the available treatment options and the common risks and anticipated burdens and benefits associated with these options as well as alternative courses of treatment.

Right to Refuse Treatment: In giving my general consent to treatment, I understand that I retain the right to refuse any particular examination, test, procedure, treatment, therapy, or medication recommended or deemed medically necessary by my individual treating health care providers. I also understand that the practice of medicine is not an exact science and that no guarantees have been made to me as to the results of my evaluation and / or treatment.

Signature of Patient / Guardian

Date

Print Name of Patient / Guardian

The Regional Eye Center Authorized Signature

Date