

PEDIATRIC
Ophthalmology
CONSULTANTS, LLC.

I, _____, the (mother, father, legal guardian) will not be able to
please print your name

attend my child's appointment on the date of _____. I grant permission to

_____ to supervise my child during the exam. I also grant per-

mission to Robert K. Rhee, M.D. to evaluate and treat my child.

Signature of the Parent or Guardian

Date