6656 Germantown Avenue Suite 1
Philadelphia, Pa 19119
Phone: 215-842-5939   Fax:215-842-5937

This authorization consent form authorizes Nostalgic Eye Care to perform a comprehensive eye examination. Nostalgic Eye Care will bill the patient's medical insurance for the examination and the patient will be responsible for any charges not paid by the insurance company.

Patient information:

Name: ______________________________________ **Date of birth:**____________________

Address:____

City:______________________________________ **State:**__________ **Zip code:**___________

Parent/Guardian information:

Name: ___________________________________ **Relationship to Patient:**_________________

Address:____

City:______________________________________ **State:**__________ **Zip code:**___________

Phone number:______________________ **Email:** _________________________

Signature:____ **Date:** ___________