

# Beverly Hills Eye Associates

450 NORTH BEDFORD DRIVE, SUITE 101  
BEVERLY HILLS, CA 90210

PHONE: (310) 274-9205  
FAX: (310) 274-7229

## Consent for Examination and Treatment of Minors

I authorize the office of Peter J. Cornell, M.D., Inc. to perform a complete ophthalmologic examination and administer treatment for the patient listed below. I understand that the exam may include the administration of eye drops as well as a recommendation for prescription medications.

|   |               |                          |                     |                          |                          |                          |                         |
|---|---------------|--------------------------|---------------------|--------------------------|--------------------------|--------------------------|-------------------------|
| Name of Patient _____                                       |               |                          |                     | Date of Birth _____      |                          |                          |                         |
| Name of Guardian _____                                      |               |                          |                     | Employer _____           |                          |                          |                         |
| Relationship to patient:                                    |               |                          |                     |                          |                          |                          |                         |
| <input type="checkbox"/>                                    | Parent        | <input type="checkbox"/> | Legal Guardian      | <input type="checkbox"/> | Qualified Adult Relative | <input type="checkbox"/> | Court Assigned Guardian |
| <input type="checkbox"/>                                    | Foster Parent | <input type="checkbox"/> | Parent with custody | <input type="checkbox"/> | Step Parent with custody |                          |                         |
| Address _____   |               |                          |                     |                          |                          |                          |                         |
| Street  |               | City                     |                     | State                    |                          | Zip                      |                         |
| Daytime Phone # _____                                       |               |                          |                     | Evening Phone # _____    |                          |                          |                         |
| Consent obtained by phone: Parent/Authorized Legal Guardian |               |                          |                     |                          |                          |                          |                         |
| _____   |               |                          |                     | _____                    |                          |                          |                         |
| Authorized Employee   |               |                          |                     | Date                     |                          |                          |                         |

\_\_\_\_\_  
Guardian Name

\_\_\_\_\_  
Guardian Signature

\_\_\_\_\_  
Date