325A Kennedy Memorial Drive
Waterville, Maine 04901
207-873-2731
Fax: 207-873-1106
Toll Free: 1-800-660-3403

123 Somerset Plaza
Pittsfield, Maine 04967
207-487-2261
Fax: 207-487-3977

349 Wilton Road
Farmington, Maine 04938
207-778-2100
Fax: 207-778-6590
Toll Free: 1-888-899-4229

35 Greenville Road
Monson, Maine 04464
207-487-2261
Fax: 207-487-3977

Permission to Treat

Patient:____ Account #:_________________

I, the undersigned____parent_____legal guardian, do hereby give Eye Care of Maine permission to treat ________________________________, my____child____ward, for any vision or other problems related to his/her eyes using whatever ophthalmic/optometric treatments the Eye Care of Maine provider deems medically necessary. This may include tests that are needed for the diagnosis of the condition for which the patient has been seen. This permission is valid for one year from ____________ or until_______________which date is less than one year from the date above.

Print Name of Parent or Guardian__________________________________ Date:___________

Signature of Parent or Guardian: ____