



Physicians & Surgeons, Ltd.
"Serving Berks County for Over Sixty Years"

Domenic C. Izzo, Jr., M.D.
Medical & Surgical Ophthalmology
Small Incision Cataract Surgery
Laser Vision Correction (LASIK)
Glaucoma Management
Laser Surgery

Peter D. Calder, M.D.
Medical & Surgical Ophthalmology
Small Incision Cataract Surgery
Glaucoma Management
Laser Surgery

Francisco L. Tellez, M.D., F.A.C.S
Fellowship Trained Glaucoma Specialist
Medical & Surgical Ophthalmology
Small Incision Cataract Surgery
Glaucoma Management
Laser Surgery

Guri Bronner, M.D.
Fellowship Trained Retina Specialist
Medical & Surgical Retina Treatment
Macular Degeneration, Retinal Detachment
Diabetic Retinopathy
Laser Surgery

Jacquelyn M. Horst, O.D.
Optometry & Contact Lenses

J. Mark Snyder, O.D.
Optometry & Contact Lenses

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berkseye.com



Medical Consent Authorization

I _____ am the parent/legal guardian of _____ and there are no court orders now in effect that would prohibit me from conferring the power to consent upon another person.

I, _____, do hereby confer upon _____, residing at _____ the power to consent to necessary medical treatment for _____, residing at _____, born on _____ during their visit to Berks Eye Physicians & Surgeons.

The power which I confer is specifically limited to health care decision making, and it may be exercised only by the person named above.

The person named above may consent to the child's medical examination or treatment and may have access to any and all records, including, but not limited to, insurance records regarding any such services.

I confer the power to consent freely and knowingly in order to provide for the child and not as a result of pressure, threats or payments by any person or agency. This document shall remain in effect until it is revoked by notifying my child's medical provider, in writing, and the person named above that I wish to revoke it.

Date: _____
Printed Parent/Guardian Name: _____
Parent/Guardian Signature: _____
Witness Signature: _____
Signature of Authorized Adult: _____