



PATTERSON OPTICAL, P.A.  
4180 TOWN CTR | SHERMAN, TX  
(903) 868-2020

## CONSENT TO TREAT MINOR CHILDREN

I, \_\_\_\_\_, as the parent or legal guardian of

\_\_\_\_\_, born on \_\_\_\_/\_\_\_\_/\_\_\_\_\_, hereby

consent Patterson Optical, P.A. to perform a complete Comprehensive Eye Exam to the

minor listed above.

\_\_\_\_\_  
Parent or Legal Guardian Signature:

\_\_\_\_\_  
Date: