



Deborah Zelinsky, O.D., F.N.O.R.A.
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Traditional Vision Care and Beyond

Informed Consent

I am seeing the doctors of the Mind-Eye Connection whose emphasis is on evaluating my functional processing skills. In order to perform their initial exam they must evaluate the focusing muscles of the eyes under normal circumstances and natural light. I understand that dilation today might compromise the doctor's initial findings so it may not be done today. However, I realize that dilation at a later date is a necessary component of my care at The Mind-Eye Connection.

Patient Signature _____ Date _____

Authorization for Release of Medical Records

Please note: In addition to the time it takes for our staff to compile records for release, those records must be reviewed by the appropriate doctor for final approval of release. Because our staff's time - and most importantly, our doctors' time - is valuable, there is a fee associated with the handling and transferring of medical records.

I authorize the Doctors of The Mind-Eye Connection to discuss any and all findings including test results and reports regarding _____ with:

NAME	ADDRESS	PHONE	FAX	EMAIL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Name: (Please Print) _____

Signature: _____ Date: _____

Relationship to Patient _____