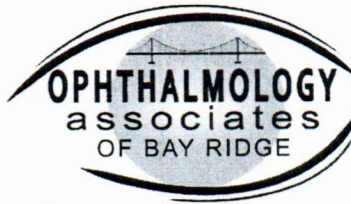


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### CONSENT FOR MINOR ACCOMPANIMENT

I \_\_\_\_\_ father/mother/legal guardian of \_\_\_\_\_  
Allow my child to be examined without my being there. My child will be accompanied  
by \_\_\_\_\_ who is the child's \_\_\_\_\_  
Relationship

I give full permission and responsibility to the person accompanying my child to make  
all final decisions for today's visit at Ophthalmology Associates of Bay Ridge.

Please present a copy of your ID and ID of the person who is accompanying the child.

Parent's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

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

Witness Signature: \_\_\_\_\_

(staff member at OABR)