



Ophthalmology Associates of Bay Ridge

Serving our community since 1975

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Brooklyn, NY 11209

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www.bayridgeeyes.com

Stephen Conrad, M.D.

Retinal Diseases
Retinal Laser Surgery
Diabetic Retinopathy
Macular Degeneration

Elias Aliprandis, M.D.

Cataract Surgery
Diseases of the Cornea
LASIK and Refractive Surgery

Brian Herschorn, M.D.

Ophthalmic Plastic, Orbital
& Reconstructive Surgery

Neena Gadangi, M.D.

Pediatric Ophthalmology
Strabismus
Eye Muscle Surgery

Also at this location:

Felicia Donnolo, O.D.

Contact Lenses

Opticians of Bay Ridge

Eye Glass Frames and Lenses

Date: _____

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.

Witness Signature: _____
(staff member of OABR)

Parent's Name: _____

Parent's Signature: _____

Date: _____ Telephone: _____

STATE OF _____

COUNTY OF _____

On this, the _____ day of _____, 20____, before personally
appeared _____, known to me (or
satisfactorily proven) to be the person whose name is subscribed to the within
instrument, and acknowledged that he executed the same for the purposes
therein contained.

In witness hereof, I hereunto set my hand and official seal.

(SEAL)

Notary Public