



Advanced Valley Eye Associates

Robert B. Miller, M.D.

2035 Lyndell Terrace, Suite 100
Davis, CA 95616
Phone (530) 757-6000
www.lasikbymiller.com

I, _____, authorize any doctor at Advanced Valley Eye Associates to and treat my son/daughter _____, without my presence. However should a procedure be needed I understand I need to be present.

Signature of Parent/Gaurdian

Date

Phone number in the event we need to contact you _____

Witness

Date