

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Eye Care Provider's Name]  
[Office/Clinic Name]  
[Office/Clinic Address]  
[City, State, Zip Code]

Dear [Eye Care Provider's Name],

I, [Your Name], hereby give my consent for an eye examination to be conducted by [Eye Care Provider's Name] at [Office/Clinic Name]. I understand that the examination will involve various tests and procedures to assess my visual health and that I may receive recommendations for further care if necessary.

I have been informed about the nature of the examination, its purpose, and any potential risks involved. I confirm that all my questions have been answered to my satisfaction.

Please proceed with the eye examination as scheduled on [Date of Appointment].

Sincerely,

[Your Signature (if sending a hard copy)]

[Your Printed Name]