



**EYECARE SERVICES**

**VILLA COLOMBO**

**CONSENT FORM**

On-Site Specialists Inc. has partnered with Villa Colombo to arrange comprehensive eye care services on site. An optometrist will be offering complete eye examinations to the residents. The following services will be offered on site:

- **COMPLETE EYE EXAMINATIONS**
- **FULL ASSORTMENT OF EYEGLASS & OPTICAL NEEDS-BASIC ADJUSTMENTS & REPAIRS**
- **VIRTUAL APPOINTMENTS/CONSULTATIONS WHEN REQUIRED-i.e. OUTBREAKS, etc**
- **EMERGENCY VISITS WHEREVER POSSIBLE**

**WHO SHOULD HAVE AN EYE EXAM?**

All individuals should have annual check ups to determine the health of the eyes. Pressure checks are conducted to monitor for glaucoma and other related eye diseases, as well as a complete vision check to determine any necessary lens correction.

**APPOINTMENT TIME & FEES**

The average length of the appointment is usually 30-45 minutes depending on the resident's individual circumstance. Resident's eye exams will be scheduled on a priority basis-i.e. eye health emergencies, lost/broken eyeglasses, etc.

**FEES: \$100 +OHIP (payable through VISA/MASTERCARD OR EFT PRIOR TO APPOINTMENT)**

**PRIVATE FEE-i.e.No OHIP Coverage-\$120**

**EMERGENCY VISITS (outside of clinic times \$200-\$250) + OHIP**

*If you have any questions regarding this form or the treatment to be performed, please contact us using the contact information at the bottom of this form.*

**CONSENT AUTHORIZATION**

*By signing this form, I hereby consent to the collection use and disclosure of the information for the purpose of scheduling and paying for the services selected below.*

RESIDENT'S NAME: \_\_\_\_\_

RESIDENT APARTMENT NUMBER/UNIT: \_\_\_\_\_

OHIP NUMBER (including version code): \_\_\_\_\_

RESIDENT PHONE NUMBER: (\_\_\_\_\_)\_\_\_\_\_

SGNATURE OF RESIDENT \_\_\_\_\_

**\*IF YOU ARE NOT YOUR OWN PRIMARY DECISION MAKER, PLEASE LIST NAME OF POA**

POA CONTACT NAME : \_\_\_\_\_

POA PHONE NUMBER : (\_\_\_\_\_)\_\_\_\_\_

POA/ ADDRESS: \_\_\_\_\_

POA E-MAIL ADDRESS \_\_\_\_\_

SGNATURE OF POA \_\_\_\_\_

**PAYMENT OPTION: EFT – PASSWORD Optometry**

**VISA/MC \_\_\_\_\_ EXP: \_\_\_\_\_ CVV: \_\_\_\_\_**