



EYECARE SERVICES

VILLA COLOMBO

RESIDENT 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.

MOBILE SERVICE FEE: \$100 +OHIP (covers transportation, letters, telehealth when required for continuing care, etc)

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

Please note a cancellation fee of \$50 (if less than 24 hrs-does not include outbreaks/isolation)

If you have any questions regarding this form or the treatment to be performed, please contact us at the contact number below.

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 _____

POA SIGNATURE _____ Date _____

ALL EFT PAYMENTS to be made prior to billing@onsitespecialists.com (no password required)

VISA/MC: _____ EXP: _____ CVV: _____