



ALISON A. ARRANTS, O.D.

WYOMING VISION CENTER

2820 FOOTHILL BLVD., P.O. BOX 2250

ROCK SPRINGS, WYOMING 82902

TELEPHONE: (307) 382-4444

FAX: (307) 382-7204

1-800-894-4419

Date: _____

I, _____, as the legal guardian for

_____, consent to his/her treatment and care at

Wyoming Vision Center.

Signature _____