



David Stager, Jr., MD, FACS, FAAP

**PEDIATRIC OPHTHALMOLOGY  
& ADULT STRABISMUS**

3801 W. 15th St.  
Suite A-110  
Plano, TX 75075

P: 972.758.0625  
F: 972.964.5725  
www.drstagerjr.com

I authorize and direct Dr. David Stager, Jr. MD, FACS, FAAP,  
and his or her assistants as necessary to perform quality care, procedure/treatment(s)  
upon my minor child.

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

The person(s) authorized to request treatment on my behalf is/are:

(1) \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

(2) \_\_\_\_\_ Relationship to patient: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please Note:*

- *Signature of parent must match the signature on file in our office*
- *If a patient has never been seen in our office, a copy of their driver's license must be attached*
- *If legal guardian is signing, a copy of guardianship papers must be on file in our office*