



Patient Consent Form

I request that the following information be sent from:

(name of clinic or doctor who currently has your eye exam information)

To: The doctors and opticians at eye-bar Optometry:

- Most recent Spectacle Rx
- Most recent Contact Lens Rx
- Entire exam history and ocular health files (including refractions, letters and attachments)

Date of request: _____

Patient Name: _____

Signature of Patient or Guardian:

Comments: _____

Please send information to:

Eye-bar Optometry
Email: hello@eye-bar.ca
Phone: 780-467-3341
Fax: 780-467-9353