

**SHELDON P. BRAVERMAN, M.D.**  
RETINA & VITREOUS

**STUART A. TERRY, M.D.**  
GLAUCOMA & REFRACTIVE

**THOMAS O. OEI, M.D.**  
RETINA & VITREOUS

**JOHN P. STOKES, M.D.**  
RETINA & VITREOUS

**BARBARA L. KU, M.D.**  
COMPREHENSIVE OPHTHALMOLOGY

**ODAY ALSHEIKH, M.D.**  
CORNEA & REFRACTIVE

**JOSHUA LEVAR, M.D.**  
COMPREHENSIVE OPHTHALMOLOGY

**DUNCAN FRIEDMAN, M.D.**  
RETINA & VITREOUS

**PHILIP L. SMITH, O.D.**  
THERAPEUTIC OPTOMETRY

**GARY A. BORAWSKI, O.D.**  
THERAPEUTIC OPTOMETRY

**BOBBY W. WOOD, O.D.**  
THERAPEUTIC OPTOMETRY

**CLAYTON K. CKODRE, O.D.**  
THERAPEUTIC OPTOMETRY

**JANE WILSON**  
ADMINISTRATOR

**JOEL ERBEN**  
COMPTROLLER

Dear Patient:

This form is to conform to a government regulation dealing with outpatient surgical facilities. It is solely information for you and must be signed and dated at least one day prior to treatment. This is **NOT** a permission form to perform any procedure on you. It is being sent to you to avoid any unnecessary trips if any procedure is necessary.

Please sign the form and date it at least one day before your visit and bring it with you to the office.

1100 NORTH MAIN AVE.  
SAN ANTONIO, TEXAS 78212  
(210) 222-2154 FAX (210) 227-6056  
1(800) 683-0584