



# TYSON EYE

239•542•2020 | TysonEye.com

## Doctors

### **Farrell C. Tyson, MD, FACS**

Board Certified Ophthalmologist  
Cataract & Refractive Surgery

### **J. David Stephens, MD**

Board Certified Ophthalmologist  
Cataract, Cornea, & Glaucoma Surgery

### **Cristos Ifantides, MD**

Board Certified Ophthalmologist  
Cataract & Glaucoma Surgery

### **Roman O. Pravak, MD**

Board Certified Ophthalmologist  
Retina Specialist

### **Marilyn A. Márquez, MD**

Fellowship Trained  
Retina Specialist

### **John Patrick, MD**

Board Certified Anesthesiologist  
Consulting Anesthesiologist

### **Janice I. Birr, OD**

Chief of Optometry  
Board Certified Optometrist

### **Stuart I. Kaplan, OD**

Board Certified Optometrist

### **Jennifer L. Gallo, OD**

Board Certified Optometrist

### **Rory D. Brienon, OD**

Board Certified Optometrist

## Offices

### **Main Office - Cape Coral**

4120 Del Prado Blvd. S

### **North Fort Myers**

18770 Tamiami Trail N

### **East Fort Myers**

11571 Verandah Blvd

### **South Fort Myers**

8004 Vintage Parkway

### **Bonita Springs**

3925 Bonita Beach Road

### **Naples**

2640 Golden Gate Pkwy, #115

## Surgery Centers

### **Eye Surgery and Laser Center**

Cape Coral

4120 Del Prado Blvd. S

### **Naples Premier Surgery Center**

2335 Tamiami Trail N. #304

## Practice Administrator

Mark King, COE

## CONSENT TO PROVIDE HEALTH CARE SERVICES TO MINOR CHILD

I, \_\_\_\_\_ (parent or legal guardian), give written consent to Cape Coral Eye Center, PA (DBA Tyson Eye) to arrange, schedule, and/or provide health care services, including the administration of topical anesthesia and prescription of medicinal drugs, to \_\_\_\_\_ (minor child), as deemed necessary for the health and welfare of said minor child. This authorization is effective from the date of signature until the age of 18 or permission is revoked.

\_\_\_\_\_  
Minor Child's Name

\_\_\_\_\_  
DOB:

\_\_\_\_\_  
Signature of Parent of Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Child

Known Drug Allergies: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_