



**EYE CENTERS OF NORTH TEXAS, PLLC  
RETINA OF NORTH TEXAS**

**PATIENT POLICY SIGNATURE PAGE**

**Patient Chart Number:** \_\_\_\_\_

I ACKNOWLEDGE THAT I HAVE REVIEWED, UNDERSTAND, AND ACCEPT THE **PATIENT ACKNOWLEDGEMENT AND COMMUNICATION CONSENT, FINANCIAL POLICY, AND PRIVACY PRACTICES POLICY** OF THE EYE CENTERS OF NORTH TEXAS, PLLC DOING BUSINESS AS RETINA OF NORTH TEXAS. ALL OF MY QUESTIONS HAVE BEEN ANSWERED.

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Patient/Legal Guardian Printed Name

Date of Birth

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Patient/Legal Guardian Signature

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Today's Date