

**Lederman and Lederman, LLP**  
**Pediatric Ophthalmology**  
**Strabismus**

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I agree to allow Dr. Lederman/Dr. Greebel /Dr. Negrin to share my/my child's information with Yourlens.com so that I can order contact lenses online.

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Name of Patient

\_\_\_\_\_  
DOB

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Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email Address

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Patient/Parent Signature

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Date