



To our Valued Patient,

Thank you for choosing Milan Eye Center and providing us with your feedback.

As we begin to collect a series of letters from our patients, we'd like to share them with future patients. This may help them know what to expect and help ease any nerves. **If you would not mind allowing us to share this information with others, please check the box below.**

I grant Milan Eye Center and Easy Drops the right to publish or utilize my written feedback and photo, audio, and video content.

Name (printed) _____

Signature _____

If interested, please fill out the second page and mail to the following address:

**Milan Eye Center
970 Sanders Road
Suite 100
Cumming, GA 30041**

