



Pacific University EyeVan Mobile Clinic
2043 College Way, Forest Grove OR 97116
Phone: 503-352-2020 Fax: 503-352-2249

Pacific University Mobile Eye Clinic for Kids

Dear Parent/Guardian,

The Pacific University Mobile Eye Clinic is coming to your school! We will potentially have the privilege of providing an eye examination to your child at school. If indicated, we will also order glasses for your child. Glasses will be distributed at the school approximately 6 weeks after the exam. If your child has state medical insurance (Medicaid/Oregon Health Plan/WA Apple Health), your insurance may be billed. If your child has no insurance the exam and glasses will be provided to you for free by using grant funding/community resources. **Either way, your family will not have to pay out of pocket for the exam or glasses.** Your child will first work with one of our optometry students under the supervision of our licensed optometrists.

In order to provide the best care possible to your child, we utilize dilating eye drops during the examination. Dilation is the best way to evaluate eye health and is often helpful in providing the most accurate glasses prescription for children. Dilating eye drops may cause mild stinging for a few seconds when instilled. The pupils will stay large and your child may be more sensitive to bright lights for up to six hours. It is normal for the drops to cause blurred vision, mainly when looking up closely, which should resolve within 24 hours.

You will be able to access a summary of the examination findings within 5 business days after the exam by logging on to MyChart using the following link.

<https://mychart.ochin.org/mychart/Authentication/Login>

If you have any questions about the examination, dilation or specific concerns about your child that you'd like addressed, please contact the Pacific Eye Clinic Forest Grove at 503-352-3059. Please mention that your child is going to be seen/was seen on the mobile clinic and ask to speak with Dr. Carol Rymer.

Sincerely,

Carol Z. Rymer, OD, MBA, FAAO
Community Outreach



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Child's Information:

Child's First Name: _____ Last Name: _____
Date of Birth: _____ Sex (legal): _____ Pronouns: _____
Telephone Number: (_____) _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ ☐ Mailing Address not available
Allergies: _____ Medical Conditions: _____

Child's Insurance Information:

Insurance provider: _____
Policy #: _____ Group #: _____
Subscriber First Name: _____ Last Name: _____
Subscriber Date of Birth: _____ ☐ **My child does not have insurance**

I authorize the Pacific University College of Optometry EyeVan doctors to perform an eye exam on my child, including dilation. If indicated, I authorize glasses to be ordered.

Parent/Guardian First Name: _____ Last Name: _____
Parent/Guardian Signature: _____ Date: _____
Phone Number (for emergencies): _____ Parent Date of Birth: _____

Notice of Privacy Practices:

Pacific University respects your privacy and only uses or discloses your medical information when necessary, appropriate, required by law or with your permission. Our Notice of Privacy Practices describes potential uses and disclosures of your health information and our health care clinics and outlines your medical privacy rights. Our notice of privacy practices can be accessed using the following website <https://www.pacificu.edu/node/18320>.

I acknowledge that I have received the Notice of Privacy Practices from Pacific University Clinic.

Parent/Guardian Signature: _____ Date: _____