



Ohio Vision, LLC

**John J. Wilding, D.O.
William E. Schemmel, O.D.
Christopher T. Johnson, M.D.**

Email Consent

Please provide an email address so you can have access to your medical record here at Ohio Vision.

If you do not have an email, please provide one of someone you trust (friend, child).

Ohio Vision does not send any junk mail or spam. We just send an email after each time you are seen so you can see what was done.

This is a great thing to have if you need information and are out of town or if you see another doctor or emergency department outside our office hours.

Thank You,
Staff at Ohio Vision

Patient Name _____ Date of Birth _____

Email _____