



Notice: You must have this form with you to be seen for you appointment

GROSSNICKLE EYE CENTER
4330 Edison Lakes Parkway
Mishawaka, IN 46545
573-271-0120

BASELINE EXAM FOR LASER USE
APPOINTMENT AUTHORIZATION

FOAPAL (Required): Fund Organization Account Program

Employee Name:

Department:

TREATMENT AUTHORIZED BY:

PI/Supervisor Name:

Department:

Signature: Date:

EYE EXAM COMPLETED BY GROSSNICKLE EYE CENTER ON (DATE)

Signature of Grossnickle Representative:

AFTER EXAM IS COMPLETED, AND FORM IS SIGNED, FAX OR EMAIL TO NOTRE DAME OFFICE OF RISK MANAGEMENT AND SAFETY.

Fax: 574-631-8794

Email: mdomal@nd.edu