

**Gettysburg Ophthalmology Associates**  
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**Designation of Health Care Representative**

I \_\_\_\_\_ have agreed to serve as the health care representative for \_\_\_\_\_. This decision has been discussed with all involved parties and is agreed that GOA's staff will coordinate and communicate all care with the individual designated to serve as the health care representative for this patient.

My signature below indicates that I have shared this information with all interested parties, including other individuals who may be members of the same class (i.e. siblings) and that they are also in agreement with my designation as Health Care Representative.

\_\_\_\_\_

Signature of Health Care Representative

\_\_\_\_\_

Date