

WELCOME !

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

MR MRS MISS MS DR NAME YOU PREFER TO BE CALLED _____

ADDRESS _____ CITY/ZIP _____

HOME PHONE _____ WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____ HOW WOULD YOU PREFER WE CONTACT YOU? _____

EMPLOYER _____ SCHOOL(IF STUDENT) _____ GRADE _____

FORMER EYECARE PROFESSIONAL _____

DATE OF LAST VISION EXAM _____ WAS YOUR PRESCRIPTION CHANGED (YES/NO) _____

IF YOU WEAR GLASSES -BRING YOUR CURRENT GLASSES WITH YOU.

IF YOU WEAR CONTACT LENSES-PLEASE BRING YOU CONTACT LENS SPECIFICATONS WITH YOU TO YOUR APPOINTMENT.

TYPE: HARD GAS PERMEABLE SOFT SOFT TORIC

MANUFACTURER _____ BASE CURVE: RIGHT: _____ LEFT: _____
POWER (RX): RIGHT: _____ LEFT: _____
DIAMETER: RIGHT: _____ LEFT: _____

THIS INFORMATION WILL BE ON YOUR CONTACT LENS PACKAGING (VIALS) OR YOUR PREVIOUS DOCTOR WILL HAVE IT AND CAN FAX THE INFORMATION TO US AT YOUR REQUEST.

NOTE: VISION INSURANCE PLANS DO NOT PAY FOR BOTH AN EXAMINATION FOR GLASSES, AND AN EVALUATION OF YOUR CURRENT CONTACT LENSES. THERE WILL BE AN ADDITIONAL CHARGE IF YOU CHOOSE TO HAVE BOTH SERVICES.

NAME OF VISION INSURANCE: _____ SUBSCRIBER NAME (IF DIFFERENT) _____
SUBSCRIBER DOB _____ SUBSCRIBER SS# _____

NAME OF MEDICAL INSURANCE _____ SUBSCRIBER NAME (IF DIFFERENT) _____

SUBSCRIBER DOB _____ SUBSCRIBER SS# _____

MEDICARE # (INCLUDING ENDING LETTER) _____

ARE YOU INTERESTED IN REFRACTIVE SURGERY FOR VISION CORRECTION? _____

HAS ANY MEMBER OF YOUR FAMILY BEEN OUR PATIENT? _____

WHO MAY WE THANK FOR REFERRING YOU TO US? _____

**PLEASE NOTE: WE BILL INSURANCE COMPANIES AS A COURTESY
INSURANCE AUTHORIZATIONS MAY NOT BE A GUARANTEE OF PAYMENT**

WE KNOW YOUR TIME IS VALUABLE AND WE STRIVE TO STAY ON SCHEDULE. PLEASE GIVE US A COURTESY PHONE CALL IF YOU ARE GOING TO BE LATE OR IF YOU FIND THAT YOU NEED TO RESCHEDULE YOUR APPOINTMENT. THANK YOU VERY MUCH.

YOUR APPOINTMENT IS:

PLEASE BRING THIS FORM ALONG WITH THE MEDICAL HISTORY QUESTIONNAIRE AND COMPUTER VISION QUESTIONNAIRE TO YOUR APPOINTMENT.