

Patient Registration

Name: _____
 First Middle Last Nickname

Street address: _____

City: _____ State: _____ Zip: _____

Phone Home: (____) _____ - _____ Daytime: (____) _____ - _____

Date of Birth: ____/____/____ Social Security #: _____ - _____ - _____

Marital status: Single / Married / Divorced / Widowed / Separated

Emergency Contact: _____ Phone: (____) _____ - _____

Responsible party: _____ Check here if same as above: _____

Name: _____
 First Middle Last

Street address: _____

City: _____ State: _____ Zip: _____

Social Security Number: _____ - _____ - _____

Insurance information:

Primary insurance: Yes / No

Secondary insurance: Yes / No

Optical/Vision insurance: Yes / No

Referring Doctor Name: _____

Primary Care Doctor: _____

Other Doctors that Participate in your care: (indicate specialty)

How did you hear about us? _____

****The medical evaluation involves the detection and treatment of eye disease. The refraction determines whether someone who has never worn glasses needs them, or if their existing prescription needs to be changed. Most health plans do not cover the expense for a refraction. If you have a vision or optical plan in addition to your medical coverage it covers this expense. If you are in the need of or want a new prescription for glasses and you do not have a vision or optical plan, there will be a charge of \$25.00 to cover this expense, due at the time of examination. Sometimes a refraction is needed to perform a complete medical exam, there is no charge for this, unless the prescription is given. If you do not understand medical and vision coverages please ask.****