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GENERAL INFORMATION:

NAME (FIRST, M, LAST)____DATE____________________

MAILING ADDRESS____

CITY______________________________STATE______________ZIP CODE________________________________

HOME PHONE________________WORK PHONE_________________CELL PHONE__________________________

EMAIL ADDRESS____ FACEBOOK Y / N

DATE OF BIRTH ________________________ SOCIAL SECURITY NUMBER _________-_______-________________

OCCUPATION__________________________HOBBIES____

EMERGENCY CONTACT PERSON/NUMBER____

INSURANCE AND BILLING INFORMATION

PRIMARY INSURANCE COMPANY____VISION COVERAGE Y / N

NAME OF SUBSCRIBER___________________________________DATE OF BIRTH________________________

INSURED ID#__________________________ GROUP NUMBER_____________________________________

EMPLOYER OF SUBSCRIBER____

SECONDARY INSURANCE COMPANY____VISION COVERAGE Y / N

NAME OF SUBSCRIBER___________________________________DATE OF BIRTH________________________

INSURED ID#__________________________ GROUP NUMBER_____________________________________

EMPLOYER OF SUBSCRIBER____

NAME OF GENERAL PHYSICIAN _____________________________DATE OF LAST EXAM ______________________

DO YOU WEAR CONTACTS Y / N

Our general eye examination includes pupil dilation with eye drops to aid in the detection of eye disease. However dilation may result in blurred vision for several hours, making driving unsafe. If you do not have an option of driving or would otherwise like to refuse dilation please check here. Our office assumes no responsibility for driving safety or the diagnosis of undetected disease resulting from the refusal of dilation. If you do not have an option of a driver or would otherwise like to refuse dilation please initial here: ___________________________________

All of the above is correct to the best of my knowledge. I have read and hereby authorize the release and transfer of any information required in accordance with HIPAA regulations. I accept financial responsibility for all services and charges whether or not paid by insurance.

______________________________________ ________________________________

Signature Date