



## PLEASE HELP US SERVE YOU BETTER!

Patient's Name \_\_\_\_\_ Appt. Date \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Please indicate all that you wish to accomplish during this visit:

- General Eye Health and Vision Exam
- Interested in updated frames and/or lenses
- Evaluation for contact lenses       Currently wear contacts       Considering or interested in contacts
- Evaluation for specific condition, disease, or problem(s): \_\_\_\_\_
- Adjustment or repair of current eyeglasses
- Other \_\_\_\_\_

### To help assure that we address your specific interests and issues, please indicate wherever applicable:

Current/recent ocular symptoms, problems or concerns \_\_\_\_\_

#### Do You Currently:

- Have only one pair of glasses in good condition?
- Have public contact or speaking responsibilities?
- Ever feel a need for prescription sunglasses?
- Have trouble with glare or reflections at night?
- Want information on thinner, lighter lenses?
- Ever seem sensitive to bright sunlight?
- Want information about corrective laser surgery?
- Have eyestrain with reading or computer?

### Financial Arrangements

Optical Insurance? Plan \_\_\_\_\_       Medical Insurance? Plan \_\_\_\_\_

**(Please present insurance card(s) and/or forms to receptionist upon arrival)**

Except for amounts covered by "participating" insurance plans that reimburse our office directly, payment is requested on the date of service. **A 25% prompt payment discount is applied to professional services paid at the time of service by cash, check, VISA, Mastercard, or Discover.** We also offer **Care Credit®** no-interest monthly payment financing as an alternative to credit cards (application and online approval available in minutes at our office). Please indicate your preference for settling your account at this appointment:

Check       Cash       Credit Card       Care Credit® Financing       Other \_\_\_\_\_

Signed (Patient or Responsible Party) \_\_\_\_\_

**Thanks for allowing us to serve you!**