UPDATED INFO

Name: _____
(Mr. / Mrs./ Miss / Dr) Last First Middle Initial

Address: _____
Street City State Zip

Birth Date: ___ / ___ / ___ Age: _____ Home Phone: _____ E-Mail_____
MM DD YY (Area Code) + 7 digit number

Name of Employer: _____Occupation: _____ Work Phone: _____
(Area Code) + 7 digit number

Primary Insurance Carrier: _____Primary Insured's Name: _____

Insured's Date of Birth: ___ / ___ / ___ Relationship_____ Secondary Insurance Carrier: _____

Secondary Insured's Name: _____Insured's Date of Birth: ___ / ___ / ___ Relationship_____

MEDICAL HISTORY

List any medications that you are currently taking (including oral, contraceptives, aspirin, over the counter and home remedies). _____

_____

Do you have any allergies to medications? Yes No If yes, please explain. _____

_____

DILATION

Dilation of the eyes is an important part of the eye exam. This allows the doctor to examine the internal structures of your eyes for the presence of certain conditions including diabetes, glaucoma, cataracts, macular degeneration and tumors, among others. The dilation drops may cause temporary light sensitivity and blurred near vision, although it should not affect your ability to drive. This procedure is included in today's exam fee. Dilation may be rescheduled for another visit, but an additional fee may be charged at that time.

I Do **I Do Not** **give permission to have my eyes dilated.**

****Are you pregnant or nursing? YES NO ****

PROFESSIONAL FEES ARE DUE AT THE TIME SERVICES ARE RENDERED. PLEASE PRESENT YOUR INSURANCE CARD TO DETERMINE ELIGIBILITY FOR BENEFITS. I UNDERSTAND THAT I AM RESPONSIBLE FOR ALL CHARGES WHETHER OR NOT PAID BY INSURANCE. I HAVE READ AND UNDERSTOOD THIS INFORMATION. THANK YOU.

Signature: _____ Date: ___ / ___ / ___
Must be 18 to sign or a parent or guardian MM DD YY

Retinal imaging system takes highly detailed pictures of the retina inside of your eye. The images will be stored in the computer and compared with images from future exams in order to detect potential, subtle changes in the retina. These include glaucoma, diabetic retinopathy, macular degeneration, retinal detachments, and others.

There is an additional fee of $25.00 charge for this service. Most insurance plans do not cover Retinal Photos. Because this valuable procedure assists the doctor in the early detection of many vision-threatening conditions, it is strongly recommended for all patients. It is especially important for those who:

- Have headaches
- See floaters or flashes of light
- Have a family history of glaucoma
- Have a family history of diabetes
- Have a family history of high blood pressure
- Have high cholesterol
- Are 40 years of age or over
- Are a new patient to our practice.

I Do I Do Not want Retinal Imaging.

Signature Of Patient: _____ Date: ___ / ___ / ___
Must be 18 to sign or a parent or guardian MM DD YY