

# Welcome to Our Office

***Please complete this get-acquainted form and bring to your appointment.  
Also, please bring all glasses and contact lens packages.***

Appointment Date \_\_\_\_\_

Patient's Name (please print) \_\_\_\_\_

If a Child, Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Birth Date \_\_\_\_\_ M\_\_\_ or F\_\_\_ SSN last four digits \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

Medicare Policy # \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

How did you find out about our office? \_\_\_\_\_

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I authorize the release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by insurance. Payment is due at the time services are rendered.

Signature \_\_\_\_\_ Date \_\_\_\_\_