

PATIENT INFORMATION

LAST NAME _____ FIRST _____ MI _____

ADDRESS _____

CITY _____ ZIP CODE _____ CELL PHONE _____

OCCUPATION _____ EMAIL _____

BIRTH DATE ____/____/____ SS# _____ FAMILY DOCTOR _____

VISION INSURANCE:

INSURANCE PLAN: _____ POLICY ID _____

SUBSCRIBER NAME AND DOB: _____ GRP ID# _____

MEDICAL INSURANCE:

INSURANCE CO: _____ POLICY ID _____

SUBSCRIBER AND DOB: _____ GRP ID# _____

REFERRED BY: _____ DATE OF LAST EYE EXAM _____

REASON FOR VISIT: _____

HEALTH CONDITIONS: _____

CURRENT MEDICATIONS: _____

iWellnessEXAM

WE ARE EXCITED TO OFFER THE LATEST ADVANCEMENT IN EYE HEALTH CARE. THE **iWellnessEXAM** IS STATE OF THE ART TECHNOLOGY THAT LETS US SEE BENEATH THE SURFACE OF YOUR RETINA, WHERE SIGNS OF DISEASE FIRST APPEAR.

MANY EYE PROBLEMS CAN DEVELOP WITHOUT WARNING AND PROGRESS WITHOUT SYMPTOMS.

