

PATIENT INFORMATION

NAME _____ DATE _____

D.O.B _____ INSURANCE _____ PHONE # _____

ADDRESS _____

CURRENT MEDICATIONS _____

EMAIL _____

Explanation of Eye Exam and Contact Lens Fitting Fees

Please be advised, the comprehensive eye exam and contact lens fitting are two separate services and two separate fees. Contact lens exam and fitting fees are non-refundable.

PLEASE CHECK BELOW

_____ YES... I would like a contact lens evaluation today in order to update my contact lens prescription and have the ability to purchase contacts for the next 12 months. I understand that the fitting must be paid at the time of service.

_____ NO... I do not want a contact lens evaluation today and I understand that I will not be able to purchase contacts without an updated contact lens prescription.

Patient Signature _____ Date _____

Insurance Policy

Please be advised that all patients are required to provide proof of insurance at every visit. This includes patients who have a primary and secondary insurance regardless if primary insurance covers vision. If the information is not provided you will be billed the full amount for their eye exam, glasses or contact lenses.

Patient Signature _____ Date _____
