

Medical and Surgical Eye Care

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We are pleased to welcome you to our practice.
Please take a moment to fill out this form as
completely as you can. If you have questions we
will be glad to help you.

*Добро пожаловать! Пожалуйста, заполните эту
анкету полностью. Обращайтесь к нам с любыми
вопросами. Мы будем рады вам помочь.*

Date _____

Patient Information

Patient Name LAST / *ФАМИЛИЯ* _____ FIRST / *ИМЯ* _____

Address / *Адрес* _____ Apartment _____

City _____ State _____ Zip Code _____

Single Married Divorced Widowed

Date of Birth / *День Рождения* ____ / ____ / ____

Gender / *Пол* M F

Cell Phone Number / *Мобильный Номер тел.* (____) _____

Home Phone Number / *Домашний Номер тел.* (____) _____

*E-mail: _____

Emergency contact: Name _____

Relationship _____

Phone Number _____

Parent/Guardian Name (if patient is a minor or less than 18 years old) _____

*Patient Signature

*** How did you hear about us? / *Как вы о нас узнали?***

*** Primary Care Doctor/Internist/Терапевт**

*** Pharmacy / *Аптека***

Cancellation Policy

Please be advised of our cancellation policy. We understand that there may be circumstances that require immediate attention. Please be aware that if you do not cancel your appointment within 24 hours or fail to show up to your scheduled appointment, a \$50 no show fee will apply.

Thank you

*Patient Signature