

WELCOME BACK TO THE PROFESSIONAL EYE CARE CENTER!

Thank you for allowing us to continue serving your eye care needs. Please help us to keep your file current by completing the following:

Today's Date: \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

\_\_\_ I have reviewed my address, phone numbers and employment information that is currently on file with the front desk staff and nothing has changed.

Please indicate changes/updates:

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Telephone (home) \_\_\_\_\_ (work) \_\_\_\_\_ (cell) \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Are you interested in any specific type of contact lens? Please check:

- \_\_\_ Soft disposable                      \_\_\_ 1-day disposable  
\_\_\_ Gas permeable                      \_\_\_ Astigmatic soft lenses  
\_\_\_ Lenses that change eye color    \_\_\_ Bifocal contact lenses

Are you interested in learning more about laser vision correction? \_\_\_ Yes \_\_\_ No

Please list any changes in your hobbies, sports and special interests: \_\_\_\_\_

If you wish to receive our monthly newsletter by email, please provide your current email address. This is for information purposes only and is never given to any other party:

\_\_\_\_\_

OFFICE POLICY

It is customary to pay for all services as they are rendered. Please be prepared to pay all co-payments today with cash, check or charge. There is a \$25.00 billing fee if the exam co-payment is not paid today. There is a \$35.00 fee for returned checks.

Professional fees for services, spectacles and contact lenses are non-refundable.

Whenever possible, kindly give 24 hrs. notice when canceling appointments.

Signature \_\_\_\_\_