



MR. MRS. MS. DR. REV. Name: _____ Date of Birth: _____

Gender: _____ Marital Status: _____ Occupation: _____

Mailing Address: _____

Street Address: _____

Phone Number: _____ CellPhone: _____ Email: _____

Parent/Guardian Name: _____ Primary Care Physician Name: _____

Emergency Contact Name/Phone Number: _____

Please Circle reason for visit: Routine Examination Contact Lens Examination Emergency Other

Date of Last Eye Examination: _____ Date of Last Health Examination: _____

Who may we thank for referring you to us? _____

Primary Insurance: _____ Name of Insured: _____

ID #: _____ Group #: _____

Secondary Insurance: _____ Name of Insured: _____

ID #: _____ Group #: _____

Vision Insurance: _____ Name of Insured: _____

ID #: _____ Group #: _____

I prefer to be contacted by: EMAIL HOME TELEPHONE CELL PHONE TEXT MESSAGE

I authorize Puzio Eye Care to leave a message with any important health information. YES or NO

I authorize Puzio Eye Care to release any medical information to providers who request it. YES or NO

I authorize Puzio Eye Care to disclose my past, present and future protected health information, including contact lenses, glasses and copies of prescriptions to the following people:

I acknowledge that I was offered a copy of the NOTICE OF PRIVACY PRACTICES at Puzio Eye Care.

I authorize release of any medical information necessary to process any insurance claims and I authorize payment of medical benefits directly to the physician or supplier of services for myself and/or dependents. I understand I am responsible for any deductibles, co-insurances/or amounts for services not covered by insurance carrier. If my insurance is a managed care plan requiring a referral from my Primary Care Provider (PCP), I understand that if I do not obtain this referral or if my PCP will not provide one, I will be responsible for any and all charges incurred during my treatment.

Signature: _____ **Print Name:** _____ **Date:** ____/____/____

Please note: After 3 missed appointments or last minute cancellations, no future appointments will be scheduled. A patient may call in the morning for a same day appointment if there is time in the Doctor's schedule.

