

Welcome Back to Lorain Family Vision

COMPLETE FORM IN ENTIRETY

(Please Print)

Name _____ Date of Birth _____

If your address has changed since your last visit, please update it here:

Cell _____ Text OK? Yes No

What is your main reason for your visit today? _____

Do you have a current Medical Doctor (MD)? Yes No Name _____

Do YOU have any of the Following: PLACE AN 'X' IF YES FOR SELF OR RELATIVE

Self		Relative		Self		Relative		Self		Relative	
Diabetes				Cancer history				High Blood Pressure			
Arthritis				Thyroid Disease				Glaucoma			
Macular Degeneration				Cataracts				Lazy Eye/Amblyopia			
								Heart Disease			
								Double Vision			
								Headaches			

Dilation of Pupils

Dr. Alton strongly recommends that your pupils are dilated to thoroughly evaluate the health of the inside of your eye. Since you are a current patient, your eyes should be dilated at least once every 2 years unless otherwise noted by the doctor. The drops may cause it to be bright outdoors, you can usually drive and they may affect your focusing at near for 3-4 hours.

If you don't want to be dilated today please initial here _____

Dilation can always be rescheduled at a more convenient time at no extra charge.

Financial Responsibility

All charges and co-pays incurred today are the responsibility of the patient or parent at the time of service. We accept personal checks, cash, debit, credit and care credit for payment. If your insurance company has not paid us within 30 days, you will be sent a bill for the unpaid amount. Your insurance company is providing a service for you and it is not the responsibility of this office to secure payment from them. This is also your "signature on file" for us to receive insurance reimbursement payment.

ALL GLASSES AND CONTACT LENSES MUST BE PAID IN FULL BEFORE ORDERING.

NO MATERIALS OR PRESCRIPTIONS WILL BE RELEASED UNLESS PAID IN FULL

NO REFUNDS FOR SERVICES OR MATERIALS

Dr Alton and his staff are committed to solving any issues.

I understand and accept financial responsibility for any charges incurred: _____ Date _____

All information on this sheet is personal and confidential including your email and will not be shared with anyone else unless you give your permission. All HIPPA rules and regulations apply.