

Please provide the following so that we can scan into your records

Driver License AND Insurance cards

Please circle one: Mr. Mrs. Ms. Miss. Dr. Rev.

Patient name: _____ Date of Birth: _____ Age: _____ GENDER M F

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Drivers License Number: _____ State Issued _____
Expiration: _____

Marital Status: (Please circle one)

Never married Married Divorced Legally separated Widowed

Please only provide the BEST number(s) to contact you.

HOME #: _____ DAYTIME #: _____ CELL PHONE #: _____

We frequently communicate with our patients via e-mail. May we have your permission to send the following correspondence via email?

- Personal notifications (i.e. confirm appointments, inform of materials arrival)
- Our periodic newsletter
- Notices about new products and special offers

Your privacy matters to us; we do not sell or release your e-mail to anyone.

E-mail address: _____

Primary Vision Insurance Information

Name of insurance: _____ Subscriber: _____ Relationship: _____

Employer: _____ Social Security Number: _____ Date Of Birth: _____

Employer address: _____

Employer contact number: _____

Secondary Insurance Information

Name of insurance: _____ Subscriber: _____ Relationship: _____

Employer: _____ Social Security Number: _____ Date Of Birth: _____

Employer address: _____

Employer contact number: _____

**** Be aware that we must utilize the lab your insurance company has chosen. Often we have little to no control over the amount of time it will take to manufacture your eyewear. The average turnaround time is 10-14 business days. We will notify you with the information you have provided once your order is received. ****

FOR MINORS ONLY

If Minor, Guarantor Name: _____ Relationship to MINOR: _____

Date Of Birth: _____ Age: _____ Contact Phone Number: _____

Address of Guarantor: _____ City: _____ State _____ Zip: _____