

Welcome Back to Hometown Vision Center

(Please Print)

Name _____ Today's Date _____
Street _____ Employer (or School) _____
City _____ State _____ Zip _____ Occupation (or Grade) _____
Home Phone _____ Work Phone _____ Insurance: Vision _____ Health _____

Are you interested in (Check all that apply)....?

- | | | |
|-----------------------------------------|---------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> New Glasses | <input type="checkbox"/> Laser Surgery | <input type="checkbox"/> Invisible Bifocals |
| <input type="checkbox"/> Contacts | <input type="checkbox"/> Computer Glasses | <input type="checkbox"/> Spare Glasses |
| <input type="checkbox"/> Sunglasses | <input type="checkbox"/> UV Protection | <input type="checkbox"/> Safety Glasses |
| <input type="checkbox"/> Non-Glare Lens | <input type="checkbox"/> Thin, Light Lenses | <input type="checkbox"/> Sports Glasses |

Who is your family Doctor?

What is the main reason for your visit today? _____

Who is your family Doctor? _____

Please list any new health issues or illnesses since your last exam _____

Please list all current medications: _____

RETINAL EXAM

Dr. Wheeler strongly recommends the *Optomap Retinal Exam* at every exam. This technology allows us to get a digital image of the retina in 1/4 of a second, and in most cases makes dilation drops unnecessary. One of the main advantages of this instrument is the ability to compare images from year to year, so if you have had this done in the past, it is even more valuable to have this done today. If pupil dilation is also necessary, that will be done today, but in most cases, only the Optomap images are needed.

I accept financial responsibility for any charges incurred. Patient is responsible for insurance deductibles, co-pay, and non-covered items. Patient is responsible for any collection fees on past due accounts.

(Signature of Responsible Party) (Date)

HOW WILL YOU BE PAYING TODAY? Cash Check Credit Card