

Welcome back to our office

Please update your information for our records. Thank you.

Name _____ Date _____
 Last First Middle
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cell Phone _____
 Reason for today's visit _____
 Do you desire a contact lens exam today? _____

For ALL patients to sign:

HIPPA (Health Information Privacy and Portability Act):
 Please read the office HIPPA policy that's attached to the clipboard.
 Signature below is only acknowledgement that I have seen and read this policy.
 Patient (or guardian) signature _____ Date _____

For those with vision insurance:

I understand that verification of coverage & authorizations must be obtained prior to eye exam. Patient signature _____ Date _____

NOTE: We are providers for Eyemed vision plans. Please present your Eyemed Card (or Aetna discount plan #) and valid picture I D at the front desk.

Eyemed plan name _____ Policy # _____
 Patient's Social Security# _____ Patient's Birthdate _____
 Responsible member: Name _____ Birthdate _____
 Employer _____ Relationship to patient: _____

Medical information release: I request that payment of authorized insurance be made either to me or on my behalf to Dr. Sheila Merritt for any services furnished me by that doctor. I authorize any holder of medical information about me to release to the health care administration and its agents any information needed to determine these benefits or the benefits payable for related services.

Patient signature X _____ Date _____

Dilation

Although we can determine a spectacle prescription without a dilated retinal exam, this only provides a limited view of the inside of your eye and some very serious conditions may go undetected including, but not limited to, retinal holes, tears, and detachments. Drops are placed in the eyes to enlarge the pupils. This dilation usually lasts for 2-6 hours. During this time, your eyes will be sensitive to light and your vision may be blurry, especially at near. This procedure is included in your comprehensive eye exam.

_____ I can have this procedure today.
 _____ I am unable to do this procedure today and need to reschedule it.