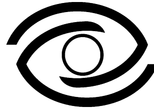

David Drucker, M.D., P.C.

Jack Zamora, M.D. Stephen M. Fisher, O.D.
Carolyn J. Smith, O.D. Kevin C. Pollard, O.D., F.A.A.O.

Welcome to our office! By completing this patient information form, you will help us to serve you more efficiently. Should you have any questions concerning our professional services or office procedures, please do not hesitate to ask.

Patient's Name:____ Date:____________________

Home Address: ____

City: ____________________________ State _____________ Zip ______________________

Home Phone: (_____)__________________ Work Phone: (_____) _____________________

Cell Phone: (_____)________________________Preferred Title: MR. MRS. MS. MISS DR.

Date of Birth: ______________ Name of Spouse / Parent _____________________________

Social Security #: ______________________ Driver's License #: ________________________

Patient's or Parent's Occupation: _____________________ Employer:______________________

E-Mail Address: ____

How did you hear about us? Check all that apply.

- ☐ Other Eye Doctor or Physician, please specify:___________________________________
- ☐ Insurance
- ☐ Internet
- ☐ Yellow Pages
- ☐ Health Fair, please specify:_________________________________
- ☐ Walk In
- ☐ Troubleshooter.com
- ☐ MyOptics
- ☐ Hotel, please specify:______________________________________
- ☐ Corporate Vision Solutions
- ☐ Friend/Relative - Who? We'll send a Thank You!_____________________________
- ☐ Other – please specify:____

Please check the services you are interested in: (Check all that apply)

☐ Blepharoplasty (Lid Lift) ☐ Botox/Restylane ☐ Contacts ☐ Glasses
☐ LASIK/PRK ☐ Low Vision Evaluation ☐ Medical Exam ☐ Routine Exam

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I request that payment of medical benefits be made on my behalf to the physician treating me. I understand that my signature requests payment to such physician. This signature also authorizes release of medical information to the insurer or to whomever the insured wishes. I also understand that I am financially responsible for any charges whether or not paid by insurance.

Signature ___________________________________ Date ______________________