## VISION GALLERY OPTOMETRIC CENTER

Name

이 경영화의 하시는 경기를 가게 되었다면 얼마가 되었다면 하는 것을 하는 일을 다 가지 않는 아름다면?	ATIENT HISTORY		tain the information below:
ue to nationwide insurance re	quirements, provide	ers are required to ob	tain the information below.
Race American Indian Or Alaska Nativ Asian Black Or African American Native Hawaiian Or Other Pacific	☐ White ☐ Native A	☐ Not Disclose mericanOther Race	
Ethnicity O Hispanic C	r Latino O Not Hisp	panic Or Latino O Unk	nown
Preferred Language	Spanish O Frenc	h O Italian O Russ	ian O Portuguese
Height ft	in cm/m  ft in	Ocm Om Weight	■ lbs O kg
PRIMARY CARE PHYSICIAN			
Primary Care Physician and Clinic Na	me		
Address of Primary Care Physician	City	State Zip	Phone
REFERRING PHYSICIAN			
Referring Physician and Clinic Name			
Address of Referring Physician	City	State Zip	Phone
Additional Procedure Informa The Fundus Retinal Exam is high	<b>ition</b> ghly recommended b	y Our Doctors for all pa	atients, including children.
The Retinal Exam is fast, easy, disease can start.	and comfortable, an	d provides an in depth	view of the retinal layers where
Insurance typically does not co	ver any advanced sc	reening technology bey	ond the general eye exam.
My signature below authorizes understand if my insurance doe Gallery will refund any paymen	es NOT pay, I am res	ponsible for payment. I	want my insurance billed. I f my insurance does pay, Visio
Signature		 Date	