# Miramar Vision Center

Patient Information Date: ________________

Last Name: ________________________ First Name ____________________ M/I ______

Sex __DOB _________ Age ____SS#_____________________Single__ Married__Student___

Telephone #'s: Home ____________________Work _______________ Cell_____________

Address: ____________________________________________________________________

**EMAIL ADDRESS**:________________________________Referred by________________

Last eye exam__________Any Medical History YES__ NO__If Yes, What Medicine ?

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You Must Come back within 30 days for any medical or prescription issues._____**(INITIALS)**

**Do you want your eyes dilated?** YES________ NO________

**Would you like to be fitted for contact lenses?**YES__ NO___

**YOU MUST COME BACK WITHIN 2 WEEKS – 1 MONTH TO FINALIZE CONTACT LENS EVALUATION WITH A FINAL PRESCRIPTION**. ________( **INITIALS**)

**Contact Lenses FOLLOW UPS, Glasses FOLLOW UPS, Medical FOLLOW UPS AFTER 3 MONTHS WILL INCUR AN OFFICE VISIT FEE. ______(INITIALS)**

**MEDICAID OR MEDICARE DOSEN'T COVER FOR CONTACT LENSE EXAM**

**INSURANCE**: Member ID: ____________________Group Number ____________________

Medicare__ Medicaid __Vision Service Plan __Vision Care Plan __ Optum ____ Eye Med__

Safe Guard __Davis Vision__Superior__ Sunshine__Molina___Advantica____BetterHealth___

An examination includes evaluating of whether or not you have a disease that may affect your vision. It is also determining your prescription to see both far or near. To complete the Examination the doctor will need to dilate your eyes; this is done so that we may check the retina health, which is the back of your eye. It's possible that you may get blurry vision for the next 3 to 24 hours.

I UNDESTAND THAT IF MY ELIGIBILITY CANNOT BE VERIFIED OR IF I DO NOT OBTAIN THE PROPER REFERRAL FORM WHEN REQUIRED, I WILL BE FINANCIAL RESPONSIBLE FOR PAYMENTS OF ALL CHARGES FOR SERVICES RECEIVED FROM THE DOCTOR OFFICE.

**THERE IS NO REFUND ONLY STORE CREDIT**.______(INITIALS)

Signature of Patient / Guardian:__________________________________Date_____________