

Welcome to Horizon Optometric Group

Họ Tên _____ Số an sinh xã hội _____ Tháng/Ngày/Năm sinh _____
Name _____ Soc. Sec. # _____ - _____ - _____ Date of Birth ____/____/____

Phái Nam Nữ

Tình trạng gia đình:

Sex: Male Female

Marital Status: Single Married Separated Widowed Divorced

Địa chỉ

Address _____ City _____ State _____ Zip _____

Điện thoại tay

Điện thoại nhà

Cell Phone _____ - _____ - _____ Home Phone _____ - _____ - _____ Preferred Phone _____ - _____ - _____

Nghề nghiệp

Tên sở làm

Occupation _____ Employer _____

Tên của cha mẹ hay người giám hộ (nếu dưới 18 tuổi)

Name of Parent of Guardian (if under 18) _____ Email _____

Ai giới thiệu đến?

How did you hear about us? _____

Khám mắt và làm mắt kính bao lâu?

Khám mắt và làm kính ở đâu?

When was your last eye exam? ____/____/____ Where was your last eye exam? _____

Loại mắt kính nào bạn cần?

What type of vision correction are you seeking?

Regular Glasses Bifocals Progressives Contact Lenses Ortho-K Laser Eye Surgery Magnifiers/low Vision Devices

Insurance Information

Tên hãng bảo hiểm

Name of Vision Insurance Company _____

Name of Medical Insurance Company _____ HMO PPO

Medicare # _____ Medi-Cal # _____

Người đứng tên

Primary Account Holder:

Name (Last, First): _____ Member ID # _____

DOB: ____/____/____ Social Security #: _____ - _____ - _____ Relationship to Patient: Self Spouse Child

Consent to Professional Services

I hereby authorize **Dr. Phuong Le** or **Dr. Kellee Leangsok Tea** or their Associate to render optometric services and eye care to me/to my child _____, and I accept the responsibility for payment of services rendered. I understand that I am financially responsible for all charges whether or not paid by my insurance. I authorize the use of this signature on all of my insurance submissions from **Horizon Optometric Group**.

Patient's Signature (Guardian's Signature if under 18)

_____/_____/_____
Date

Additional Information:

****Office Use Only****

Entered:

____/____/____

NOTES:

Initials: