

Main Place Optometry		Ins Name:		You need: Glass/Contacts/Both/Lasik/Other	
Date		Medical History:		<p>A dilation examination, which involves expanding the pupil size for a complete evaluation of the interior of your eyes, is highly recommended. Would you like to have it performed on you today? Circle one: Yes No (\$30 extra for all non-ins patients)</p> <p>A visual field examination which evaluates the integrity of the optic nerve pathway & diagnoses glaucoma and certain brain lesions. It is highly recommended. Would you like to have it performed on you today? Circle one: Yes No (\$30 extra for all non-ins patients)</p> <p>Signature: (required)</p>	
Last Name	Mr Mrs Ms	Diabetes	Y N		
First Name/MI		Hypertension	Y N		
Street Address		Other conditions	Y N		
		List			
City/State		Medications	Y N		
Zip code		List			
Home Phone #		Allergies to Meds	Y N		
Work Phone #		List			
Cell Phone #		Eyes Surgeries	Y N		
Driver License #		List			
SS# (insurance)					
Date of Birth					
Email Address					
Referred by					