

# WELCOME TO OUR OFFICE

PLEASE COMPLETE THE FOLLOWING

PATIENT INFORMATION			
LAST NAME	MR MRS MS MISS DR	FIRST NAME	MIDDLE DATE OF BIRTH
HOME ADDRESS		CITY	STATE ZIP CODE
HOME PHONE	WORK OR CELL PHONE	EMAIL ADDRESS	
EMPLOYER (OR SCHOOL)	OCCUPATION (OR GRADE)	HOBBIES/SPECIAL INTERESTS	
HOW DID YOU HEAR ABOUT OUR OFFICE			
INSURANCE LOCATION	PHONE BOOK INTERNET	MAILING AD REFERRAL	WHOM MAY WE THANK FOR REFERRING YOU?
IF THE PATIENT IS UNDER 18 YEARS OF AGE			
NAME OF PARENT/GUARDIAN		HOME OR CELL PHONE	RELATION TO PATIENT
EMERGENCY CONTACT			
NAME OF EMERGENCY CONTACT		HOME OR CELL PHONE	RELATION TO PATIENT
MEDICAL INFORMATION			
PRIMARY CARE PHYSICIAN NAME: PHONE:	DATE OF LAST PHYSICAL	LAST EYE DOCTOR	DATE OF LAST EYE EXAM  Dilated? Y / N (circle)
MEDICAL INSURANCE COVERAGE			
NAME OF MEDICAL INSURANCE	POLICY HOLDER MEMBER ID#	POLICY HOLDER BIRTHDATE	RELATION TO PATIENT
VISION INSURANCE COVERAGE			
NAME OF VISION INSURANCE	POLICY HOLDER MEMBER ID#	POLICY HOLDER BIRTHDATE	RELATION TO PATIENT

## DILATED FUNDUS EXAM

As part of a comprehensive eye examination, it is necessary to dilate the pupils to properly assess the overall health of the eyes. The doctor will fully examine the health of the optic nerve, check for glaucoma, macular changes and manifestations of any systemic diseases, such as Diabetes, Hypertension, any retinal changes such as holes, breaks or tears and detachments. This may impair your sight for several hours with blurred vision, glare, or light sensitivity. Deferring dilation or refusing to have your eyes dilated goes against the recommendations of the doctor. Dr. Perlowsky strongly recommends a dilated exam every 12 months.

- Yes, I would like to have a Dilated Fundus Exam performed today (no additional fee)  
 Note: All pediatric exams (12 y.o or younger) REQUIRE dilation on initial exam.
- No, contrary to Dr. Perlowsky's recommendation, I am refusing dilation today and understand the health risks involved. I will not hold Dr. Perlowsky responsible for my decision.

Patient/Guardian Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>DO YOU CURRENTLY:</b>		<b>ARE YOU INTERESTED TODAY IN:</b>																																																																																																																																																																																																																																																																															
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