

Welcome back to Great Hills Eye Care

Name: _____ Date of Birth: ____/____/____

Email address: _____

Occupation: _____ Place of Work: _____

If your address has changed, please update it with the front office staff.

Eye and Medical History update

Are you here for: EYEGASSES CONTACT LENSES RED EYE OTHER _____

List ANY medical conditions _____

List ANY current medications _____

Allergies to medications? Y / N List _____

Special Testing

Retinal Imaging / OPTOMAP

Y / N

- highly recommended as part of your annual eye exam
- allows a much more comprehensive view of the retina and no side effects
- \$35 in addition to regular exam

Visual Field Testing

Y / N

- a more comprehensive test for Glaucoma and optic nerve disease
- recommended if over 40, family history of eye disease, or high prescription
- \$30 in addition to regular exam

Dilation

If you choose not to have retinal imaging performed, or if certain medical conditions are present, you may require dilation. Dilation allows the doctor to better evaluate the retina. The drops cause light sensitivity and blurry vision for up to 4 - 6 hours. **-Dilation is \$30 in addition to the regular eye exam.**

FINANCIAL RESPONSIBILITY AGREEMENT REMINDER

- I am financially responsible for all charges incurred during eye exams or office visits to Great Hills Eye Care, P.C., whether or not paid by insurance. **All Charges are non-refundable.** Payment is due at time of service.

- Contact lens evaluations cover up to 2 follow-up visits and these must be completed within 60 days of the initial contact lens evaluation. **Any visits outside of the 60 days WILL INCUR an office visit charge.** Routine exams for eyeglasses include one follow up appointment within 60 days of the initial examination. **Any visits outside of the 60 days WILL INCUR an office visit charge.**

Initial Here _____

If you are self-pay, please check here _____

If you are using insurance, please provide us with
your most recent insurance card