

Demographic Information

NAME _____ DATE _____
Address _____ City _____
Zip _____ Phone Number _____
DOB _____ SS# last 4 _____
Sex at Birth _____ Email _____
Employer _____ Occupation _____
Emergency Contact _____ Phone Number _____

Vision Plans are used for Healthy Eye Exams. Vision plans DO NOT cover exams that treat or monitor the care of eye diseases.

Insurance Information

Medical Insurance _____ Member Number _____
Vision Insurance: VSP EyeMed Davis Spectera Member Number _____
Primary Member Name _____ DOB _____
Relationship to Primary Member: Self Spouse Domestic Partner Child
Date of Last Eye Exam _____ Office _____

Optical Information

Expectation for Today's Visit _____

Do you currently have: *Computer Glasses* *Lined Bifocals/Trifocals* *Sunglasses*
Blue-light Blocking Glasses *Progressives* *Boost Lenses* *Safety Glasses* *None*

How old are glasses _____

Ocular History: *Blindness* *Glaucoma* *Macular Degeneration* *Diabetes A1C* _____ *Lazy Eye* *NA*

Current Medications _____

Medication Allergies _____



Dr Brad Cook OD
2328 Hwy 44 W
Inverness, FL 34453
352-726-2085 Text

Notice of Privacy Practices

The Privacy Practices that our offices follow are located on our website and posted in our office.

Citrus Vision will not be disclosing any of your personal or medical information to anyone or any business unless authorized by you, the patient. The vision insurance that you have on file will receive pertinent information needed for the benefits to be authorized and filed. In the situation where we may refer you to a specialist or a different office, we will share the information needed for that referral.

The following people have my permission to receive access on my medical information:

Signed _____ Date _____

OFFICE PAYMENT POLICY

Patients are to pay at co-pays the day of the exam and at the time of ordering glasses or other goods sold in this Optical. Co-pays are defined by vision insurance companies and the optical is allowed to change them.

When ordering glasses in the optical, half down is required to place the order for the product to be made. Orders will be held until half down is paid.

The products sold in the optical are specialty made, there is **NO REFUNDS** on any products, insurance use or not. **All sales are final.**

Signed _____ Date _____



Dr Brad Cook OD
2328 Hwy 44 W
Inverness, FL 34453
352-726-2085 Text

RECORDS RELEASE

Please release the records for patient:

Date of Birth _____

Release From: _____

Please Include:

- *Most recent Eye Exam
- *Any Medical Eye Tests
- *Prescription for Glasses & Contacts

Fax to: Citrus Vision

352-726-2738

Phone: 352-726-2085

Signed

Date
