

*Welcome to Our Office*  
**ADULT PATIENT ENTRY FORM**

S.S. NUMBER: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_  
MR. MRS. MISS MS. DR.  
FIRST NAME: \_\_\_\_\_ MIDDLE: \_\_\_\_\_ LAST: \_\_\_\_\_  
SPOUSE'S NAME: \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_  
CHILDREN'S NAMES: \_\_\_\_\_  
SEX: M / F YOUR DATE OF BIRTH (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ MOBILE PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_  
EMAIL:\* \_\_\_\_\_

*\*By providing us your email address, you agree to receive practice news, appointment reminders, and special offers directly from Vincett Eye Care Associates. Your email address will never be shared or sold to a third party.*

OCCUPATION: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_  
EMPLOYER'S ADDRESS: \_\_\_\_\_  
Do you need a report sent to your Primary Care/Family Physician? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Physician Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Please sign to authorize: \_\_\_\_\_

HOW DID YOU HEAR ABOUT US? *(Please check all that apply.)*

\_\_\_\_ Referral Name of person who referred you: \_\_\_\_\_  
\_\_\_\_ Insurance provider list  
\_\_\_\_ Our Web site \_\_\_\_ Facebook \_\_\_\_ Search engine If so, which one? \_\_\_\_\_  
\_\_\_\_ Print advertisement Which paper or magazine? \_\_\_\_\_  
\_\_\_\_ Office signage  
\_\_\_\_ Direct mail letter or postcard  
\_\_\_\_ Newsletter  
\_\_\_\_ Other (please specify) \_\_\_\_\_

VISION INSURANCE: \_\_\_\_\_ I.D. NUMBER: \_\_\_\_\_  
GROUP #: \_\_\_\_\_ POLICY HOLDER'S NAME: \_\_\_\_\_  
CUSTOMER SERVICE PHONE NUMBER: \_\_\_\_\_

*We request an initial deposit of 50% of the patient's balance at the time of your examination and the balance due when the services are completed. If you pay your balance in full by cash or check on your initial visit, you will receive a 5% discount. (not applicable with insurances or other discounts)*

*For your convenience, we accept all major credit cards: VISA, MasterCard, Discover, and American Express.*

**Thank you for choosing Vincett Eye Care Associates!**