



WELCOME TO OUR PRACTICE

TO HELP MAKE THE MOST OF YOUR VISIT HERE:

1. PLEASE COMPLETE THE ENCLOSED PATIENT REGISTRATION AND MEDICAL HISTORY FORMS, AND PRESENT THESE FORMS TO THE RECEPTIONIST UPON YOUR ARRIVAL.
2. PLEASE BRING A LIST OF YOUR MEDICATIONS
3. PLEASE HAVE YOUR MEDICAL RECORDS FROM YOUR PREVIOUS EYE PHYSICIAN FORWARDED TO OUR OFFICE. ENCLOSED IS A MEDICAL RECORDS RELEASE FORM THAT YOU MAY SEND TO YOUR FORMER PHYSICIAN.
4. PLEASE BRING ALL OF YOUR MEDICAL COVERAGE CARDS. A PHOTOCOPY WILL BE RETAINED IN YOUR MEDICAL RECORD.
5. IF YOUR INSURANCE REQUIRES A CO-PAYMENT, PLEASE BE PREPARED TO PAY AT THE TIME OF YOUR VISIT.
6. IF YOUR INSURANCE REQUIRES A REFERRAL/AUTHORIZATION, PLEASE CONTACT YOUR PRIMARY CARE PHYSICIAN TO OBTAIN THE AUTHORIZATION PRIOR TO YOUR VISIT. IF NO REFERRAL IS RECEIVED, YOU WILL BE REQUIRED TO SIGN THE REFERRAL WAIVER SECTION OF THE REGISTRATION FORM.
7. IF YOU DO NOT HAVE MEDICAL COVERAGE, PLEASE BE PREPARED TO PAY IN FULL AT THE TIME OF YOUR VISIT.

IF YOU HAVE ANY QUESTIONS, PLEASE FEEL FREE TO CALL OUR OFFICE AT (781) 890-1023.

THANK YOU.