

Welcome to Wagner Eye Care Center-Your Vision Source

Patient Information

Last name _____ FirstName _____ Middle _____

Male or Female (circle)

Date of Birth _____ - _____ - _____

Address _____

City _____ State _____ Zip _____

Social Security Number _____ - _____ - _____

Home Phone(____) _____ Work Phone(____) _____ Cell Phone(____) _____

Email Address _____

Marital Status: Single Married Widowed Divorced Other _____

Occupation _____ Employer _____

Caucasian/White African American Hispanic Asian Other _____

Emergency Contact(someone not living in the same house) _____

Emergency Contact's Phone Number () _____

****IF PATIENT IS A MINOR, PLEASE COMPLETE THIS SECTION FOR THE PERSON WHO IS RESPONSIBLE FOR THE ACCOUNT**

Parent/Guardian Full Name _____

Relationship to patient _____

Address _____

Social Security Number _____ Date of Birth _____

Home Phone(____) _____ Work Phone(____) _____ Cell(____) _____

How do you plan to pay for today's appointment? Cash _____ Check _____ Credit
Card _____ Insurance _____ (please give insurance card to front desk)

I acknowledge receipt of Wagner Eye Care Center, Notice of Privacy Practices.

Signature of Patient/Parent or Guardian

Date

Consent for Treatment/Authorization to Obtain Medication History

I hereby consent to routine diagnostic procedures and optometric treatment by this provider. I hereby authorize Wagner Eye Care Center to obtain medication history related to myself from network pharmacies and/or pharmacy benefit managers for the purpose of continued treatment. If applicable, I authorize my insurance company to pay directly to Wagner Eye Care Center. I understand that I am responsible for any charges accrued that insurance does not cover for myself and my dependents. I agree to pay all charges upon receipt of statement. Should this account become delinquent, and a collection agency is contacted, I agree to pay charges and fees added by collection agency. I acknowledge this consent and I certify that I understand.

Signature of Patient/Parent or Guardian

Date