



Patient ID : \_\_\_\_\_

Vision Ins: \_\_\_\_\_

DOS: \_\_\_\_/\_\_\_\_/\_\_\_\_

Medical Ins: \_\_\_\_\_

Encounter: \_\_\_\_\_ (New / Est )

Copay(s): \$ \_\_\_\_\_ (Eye Exam) \$ \_\_\_\_\_ (Cls)

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**Patient Demographics:** Male / Female

**Marital Status:** S M D W

Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  **NO Changes**

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (W)

**Optomap** (*Option in lieu of Dilation*)

\_\_\_\_ **YES**, I Want the Optomap (Digital Pictures No Side effects) Not covered by insurance **Fee \$39.00**

\_\_\_\_ **NO**, I Prefer Dilation (Drops) **Side effects:** Temporary blurred vision & sensitivity to light.

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**Contact Lens Fitting** (*Fees may vary due to Level Fit & Insurance Coverage*)

**New Fit Starts \$115 + Annual Contact Lens Visit starts \$95 + I&R Training \$45 Follow Ups Starts \$45**

\_\_\_\_ I Am Currently in Contact Lenses Brand: \_\_\_\_\_ Power: Right Eye \_\_\_\_\_ Left Eye \_\_\_\_\_

\_\_\_\_ I have Never been in contact lenses before, however, I would like to try them out. I understand that a teach is required by this office to ensure proper insertion and removal of the contact lenses. (*See Fitting Fees above*)

\_\_\_\_ No Contact Lenses, Not Interested.

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**Preappoint Policy**

*Eyes on Lake Norman Optometry recommends that all patients receive an annual eye exam. This allows for proper monitoring of ocular health as well as keeping eyeglass and contact lens prescriptions current.*

\_\_\_\_ Please schedule me for next year. I prefer [Morning / Afternoon] appointment.

\_\_\_\_ Please **DO NOT** schedule me, I will call to reschedule next year.

**\*No child 12 years of age or younger is allowed in the waiting room without adult supervision\***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_