

**ESCONDIDO OPTOMETRIX**  
**FAMILY OPTOMETRY**  
Garrick Sit, OD

WELCOME TO OUR OFFICE!

Today's Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

+ Mr + Mrs + Miss + Ms + Dr + Other \_\_\_\_\_

Birthday \_\_\_\_\_ SS# \_\_\_\_\_ Spouse \_\_\_\_\_

Address: Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email Address \_\_\_\_\_

Work Phone: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation \_\_\_\_\_

Communication Preference: + Text Message + Email + Telephone

Head of Household (financially responsible for bill) \_\_\_\_\_

Their Birthday \_\_\_\_\_ SS# \_\_\_\_\_ Spouse \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Who may we THANK for REFERRING you to our office? \_\_\_\_\_

Please check the preferred method of payment + Cash + Check + Visa/MasterCard + American Express

Please check if one applies to you: + Medicare + Vision Insurance \_\_\_\_\_ + Other Insurance \_\_\_\_\_

If insurance, who is the insured member? \_\_\_\_\_

I understand and agree that, regardless of my insurance status, I am ultimately responsible for the balance on my account for any professional services and materials.

I understand that payment is expected at the time of visit and/or when materials are ordered; including any insurance deductibles or extras.

Any materials ordered that are left over 30 days, or cancelled will be returned or discarded and no refunds will be available.

A pair of glasses will be provided IN EXCHANGE for contact lenses if deemed unsuccessful. Fitting fees will not be credited.

Interest will be charged on any account over 30 days and is the responsibility of the patient. (1.67% monthly) Checks returned for any reason are subject to a \$20.00 service charge. All collection costs are the patient's responsibility.

I have read all the information of this sheet and have completed the above answers. I certify this information is true and correct to the best of my knowledge.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(if patient is a minor, PARENT SIGNATURE)

Thank You