STANFORD RANCH
Optometry

Welcome to our Office

Patient Name: _____

(Last Name) (First Name)

Address: _____

City: _____ State: _____ Zip code: _____

Date of Birth: _____ Social Security: _____ Gender: M / F

Marital Status (Please Circle): Minor Single Married Divorced Widowed

Home Phone: _____ Daytime Phone: _____

Cell Phone: _____

Email Address: _____

Preferred contact method (Please Circle All That Apply): Phone Call Email Text Message

Occupation: _____ Employer: _____

Primary Care

Primary Care Provider: _____ Phone: _____

Practice Name: _____

Please Check All That Apply:

- **Hypertension**
- **Diabetes - (Please Circle Which Type): I II**
- **High Cholesterol**

Guarantor

Name: _____

Relationship to Patient: _____ Date of Birth: _____

Address (If different from above): _____

City: _____ State: _____ Zip code: _____

Phone: _____ Social Security: _____

Vision and Medical Insurance

Vision Insurance: _____ Member ID: _____

Insured's Name: _____ Relationship to Patient: _____

Date of Birth: _____ Social Security: _____

Major Medical: _____ Member ID: _____

Group #: _____ Insured's Name: _____

Relationship to patient: _____ Date of Birth: _____

Social Security: _____

Thank you for choosing us for your eye care providers

I certify that the above information is correct, and I understand that I am legally responsible for payment of all charges, whether or not paid by insurance. Failure to pay for services in full at the time they are rendered will result in loss of contracted discount. A cash adjustment is not available to those patients who have an insurance with which this office participates or who have made financing arrangements. I will be responsible for any co-payments, deductibles or non-covered items at the time services are rendered. I authorize the doctor to release all information necessary to secure the payment of benefits. I have read the forgoing, and I am the patient, the patient's guarantor or authorized to execute this agreement and accept its terms.

Signature: ______________________________________ **Date:** _________________________