Please check:
□ **Returning Patient**
□ **New Patient**

Welcome to Costa Mesa Optometry
Dr. Neda Khadem, O.D.

PATIENT INFORMATION- Fill out completely. If you have any questions or concerns, do not hesitate to ask for assistance.

Name _____ Date _____
First MI Last

Address _____ City _____ State ____ Zip _____

Birth date _____ Age ____ Male / Female

Home Phone ( ) _____ Work Phone ( ) _____

Do you prefer to receive calls at: ☐ Home ☐ Work ☐ Either

E-mail address _____

Occupation _____ Employer _____

Spouse/Parent/Guardian name _____

Person to contact in case of emergency:

Name _____ Relationship to patient _____ Phone _____

Date of last exam _____ Name of eye doctor _____

Whom may we thank for referring you to us? _____

Reason for your visit today? (check all that apply)

☐ Annual eye exam ☐ Contact lens exam ☐ Vision or eye health

☐ Order glasses/contacts ☐ Other

Authorization

I authorize the eye doctor to release any information including the diagnosis and the records of any treatment or examination rendered to me or my child during the period of such eye care to third party payers and/or health practitioners. I authorize and request my insurance company to pay directly to the eye doctor benefits otherwise payable to me. I understand that my eye care insurance carrier may pay less than the actual bill for services. I agree to be responsible for payment of all services rendered on my behalf or my dependents.

X _____

Signature of patient (or guardian if under 18 years of age) Date

►► Please see other side ◄◄