

Verona Dental & Eye Care Center  
 118 Pompton Ave., Verona, NJ 07044  
 Phone: 973.239.3555  
 Web: www.drshrayman.com

Dr. Elina Shrayman, OD



**Patient Information**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Insurance Information**

Name of Subscriber: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Insurance Company Name: \_\_\_\_\_ ID# \_\_\_\_\_

**Eye History**

Do you experience/have experienced any of the following?

Double vision	Redness	
Dryness	Flashing Lights	
Burning	Itching	
Glare	Floater	
Headaches	Other	

**Medical History**

Do you have any of the following conditions?

High Blood Pressure	
Diabetes	
High Cholesterol	
Hyper/hypo Thyroid	
Other	

**Family History**

Please check if a member of your family has any condition below

Glaucoma	
Cataracts	
Macular Degeneration	
Retinal Detachment	
Other	

**Medications**

List any medications you currently take

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Allergies**

List any medications you are allergic to and any allergies (seasonal/food, etc.)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Official Use Only**

Final Spectacle Rx
OD
OS
ADD:

Type _____	Exp: _____
OD	
OS	

Recall: \_\_\_\_\_