Welcome to Vani Vision

First Name:	MI:	_ Last Name:		Date of Birth:	
Street Address:		City,	State, Zip Co	ode:	
Email Address:		Home Phone:		Mobile Phone:	
Work Phone:	Phone: Occupation: _		Employer:		
Medical Insurance Name:		Medical Insurance ID:			
Vision Insurance Name:		Vision Insurance I	D:	Referred by:	
	Adva	anced Wellnes	ss Screen	ing	
great baseline into the status of Our latest instrument allows Dr Patel to analyze an Our Optos Daytona Ultra-V images that allow Dr Patel to system to compare to future it managing diseases such as Mour Oculus EasyFic	of your ocular hea at is the Topcon M d compare structu Vide Field Retina document, review images to better an facular Degenerati eld electronically	Ith as well as a grea [aestro Optical Coheral changes and path I Camera digitally in a compare your and compare your analyze small changes on, Glaucoma and I measures retinal sen	t comparison nerence Tome nology in diff images your retina over ting in your reting Diabetes. astivity and p	into his office. These instruments offer annually of your ocular health. ography. This state of the art instruments erent layers retina (the back of your eyesterina. Both instruments provide digital me. These images will be saved in our of hal health which is extremely important eripheral field of vision. This , macular degeneration, retinal detachm	nt e). data in
If you choose to have the I agree to have these addition		ening tests, the	additional	fee to the exam will be \$75.	
ragree to have these addition			/O. CC		
	Contact	Lens Evaluati	ons/Offic	ee visits	
the doctor about the most sui days of initial exam, an office Medical or Emergency office medical services carry a high	table lenses for yo e visit charge will visits for condition er fee than routine ble for all professi	our eyes. Contact lest apply for follow-upons such as red eyes, eye exams. If you tonal fees at time of	ns evaluations s after the 60 , foreign body have a medic service. You	ly be determined after your discussion versions to 2 follow-up visits within 6 day period. It removal, sudden flashes/floaters and of eal insurance plan that Vani Vision does a will be given an itemized receipt upon	the not
I acknowledge that I have been		of Notice of I			
		Signature o			
				y Vani Vision, P.C. that are not covered I for release of medical information to n	
Patient or Guardian Sign			Date:		