

Precision Eye Care - Updated Patient Info

Name: _____ Nickname: _____ Date of Birth _____

Address: _____ Apt/Lot#: _____

City: _____ State: _____ Zip: _____

Phone Number(s): _____

Can we send you text reminders/ notifications? YES or NO

E-Mail Address: _____ (We **will not** send you junk mail)

Marital Status: _____ Employer: _____ Occupation: _____

Choose One of the following:

- I do **NOT** take any Medications
- I will **PRESENT** my Medication List
- Medication updates _____

In case of emergency, please contact

Name: _____ Phone: _____ Relation: _____