

AVEC EYE CENTER, LLC

8789 So. Highland Drive Suite 100

Sandy, Utah 84093

www.AvecEye.com

(801)-943-4999

Patient Name: _____

Chart # _____

DOB: _____

Age: _____

Male/Female

SS#: _____ - _____ - _____

Married/Single/Student/Widowed

Home Address: _____

Preferred Contact Method: Home / Cellular / Work

Home Phone#: _____; Work Phone#: _____; Cell Phone#: _____

Email address: _____

Emergency Contact: _____ Phone: _____

Primary Insurance: _____

Secondary Insurance: _____

If Different from Patient:

Primary Ins. Subscriber: _____; DOB: _____; SS#: _____

Secondary Ins. Subscriber: _____; DOB: _____; SS#: _____

Person who is responsible for bill: _____; DOB: _____; SS#: _____

Place of Employment: _____ Phone: _____

How did you hear about us:

Doctor

Insurance

Family member

Newspaper

Internet

Friends

I will present my medical insurance cards for office to copy.

Signature: _____

Date: _____