

# OPTOMETRICS

19600 Plummer Street, #300  
Northridge, CA 91324  
818-882-9300 phone 818-882-9257 fax

## PATIENT INFORMATION

Name \_\_\_\_\_ M / F Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Occupation \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Person to contact in case of emergency \_\_\_\_\_ Phone # \_\_\_\_\_  
Whom may we thank for referring you to us? \_\_\_\_\_  
Last eye exam \_\_\_\_\_ Interested in Contact Lenses: Yes / No

## INSURANCE INFORMATION

Name of Insured \_\_\_\_\_ Relationship to Patient \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_ Name of Employer \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

## OFFICE POLICY

### CONTACT LENSE EXAMINATIONS

For your health and safety, we require annual contact lens evaluations. **A separate fee (starting at \$60) is charged beyond the routine eye exam.** We determine the fit, health and condition of the eyes with contacts. We also evaluate changes in prescription and lens design during this process.

### WARNING ABOUT EYE DILATION

As a part of the eye examination, it may be necessary to dilate the pupils of the eye. This may hinder your ability to safely drive and your work may be impaired for up to eight hours by blurred vision, glare, or light sensitivity. If you do not want your eyes to be dilated, please discuss this with the staff.

### WARNING ABOUT PREGNANCY

If you are pregnant or think you might be, you must notify the staff and doctor prior to receiving any eye drops. This is your responsibility.

### PAYMENT IS DUE AT THE TIME SERVICES ARE RENDERED

For those patients with specific vision insurance for which we are providers: I hereby authorize my insurance carrier to make payment directly to Optometrics of Chatsworth. **I understand that I am financially responsible to Optometrics of Chatsworth for any and all charges not covered by my insurance benefits.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date