

Andrew Huttenhoff, O.D.

Eye Care Services

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Welcome To Our Office

*For faster service, please complete the following form prior to arriving at our office*

Appointment Date:

Patient's Name (please print):

If a Minor, Parent's Name:

Street Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Email Address:

Birth Date:

M or F:

SSN:

Employer:

Occupation:

Spouse's Employer:

Work Phone:

Health Insurance Carrier:

Policy #:

Medicare/Medicaid:

Policy #:

Emergency Contact:

Phone:

Date of Last Eye Exam:

Previous Eye Doctor:

How did you find out about our office?

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I acknowledge that I read a copy of Dr. Andrew Huttenhoff's Notice of Privacy Practices. I authorize the release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by insurance. Payment is due at the time services are rendered.

Signature \_\_\_\_\_ Date \_\_\_\_\_