

**PATIENT INFORMATION**

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_, HI, ZIP CODE \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK #: \_\_\_\_\_ CELLULAR #: \_\_\_\_\_

Ok to text

OCCUPATION/GRADE \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**Medical Insurance** \_\_\_\_\_ **Vision Insurance** \_\_\_\_\_

**Subscriber's Name** \_\_\_\_\_ **Subscriber's Date of Birth** \_\_\_\_\_

I request that payment of authorized Insurance benefits for any services furnished me, be made on my behalf to **Nora M.Y. Chan, O.D., Inc.** I authorize any holder of medical information about me to release my insurance company any information needed to determine these benefits or the benefits payable for related services.  
 I understand that I am responsible for charges not paid by my insurance plan and I understand the Notice of Privacy Practices (HIPAA-Revised January 2016):  
**X** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Signature of Patient/ Parent/ Legal Guardian**

<p><b><u>FOR DOCTORS &amp; STAFF USE</u></b>*****</p> <p>Exam Type: <input type="checkbox"/> Vision <input type="checkbox"/> Medical <input type="checkbox"/> Done w/Specialty Testing                  Contact Lens Fitting: <input type="checkbox"/> New <input type="checkbox"/> Medical <input type="checkbox"/> Existing wearer  <input type="checkbox"/> Referral to Specialist: _____                  Diagnosis: _____ Appoint Date/Time: _____</p> <p><input type="checkbox"/> Next Visit _____ <input type="checkbox"/> Recheck VA's, SLE, Ta                  ___pach <input type="checkbox"/> Imaging/Photos <input type="checkbox"/> Fields <input type="checkbox"/> Gonio <input type="checkbox"/> Complete Exam  <input type="checkbox"/> Call Rx to Pharm. _____                  Sample/Coupon for _____</p>	<p>*****</p> <p>DFE: _____ time <b>Appointment:</b> _____</p> <p><input type="checkbox"/> Photos _____ <b>Check-in:</b> _____</p> <p><input type="checkbox"/> OCT _____ <b>Dr Exam In:</b> _____</p> <p><input type="checkbox"/> FDT _____ <b>Out:</b> _____</p> <p><input type="checkbox"/> Fields _____</p> <p><input type="checkbox"/> Letter to PCP _____</p>
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<p><b><u>Single Vision</u></b></p> <p><input type="checkbox"/> Distance <input type="checkbox"/> Readers <input type="checkbox"/> Computer/Intermediate  <input type="checkbox"/> Sunglasses <input type="checkbox"/> Safety Glasses  <input type="checkbox"/> Ocular fatigue (Eyezen/Sync)</p> <p><b><u>Multifocal</u></b></p> <p><input type="checkbox"/> ST 28 <input type="checkbox"/> ST 35 <input type="checkbox"/> Trifocal ST ___X___  <input type="checkbox"/> Progressive _____ <input type="checkbox"/> Computer _____</p> <p>MONOC PD DIST (OD) _____ / (OS) _____</p> <p><input type="checkbox"/> CL Trials scanned <input type="checkbox"/> Please Scan Trials</p>	<p><b><u>Material/Tint</u></b></p> <p><input type="checkbox"/> CR 39 <input type="checkbox"/> Poly <input type="checkbox"/> Mid <input type="checkbox"/> High Index _____  <input type="checkbox"/> Trivex <input type="checkbox"/> Index <input type="checkbox"/> Gradient _____  <input type="checkbox"/> Tint <input type="checkbox"/> Solid _____ <input type="checkbox"/> BluTech</p> <p><input type="checkbox"/> XTRActive <input type="checkbox"/> Polaroid _____</p> <p><input type="checkbox"/> AR _____ <input type="checkbox"/> Transitions _____</p> <p><b><u>Contact Lenses</u></b></p> <p><b>ORDER</b> <input type="checkbox"/> Trials <input type="checkbox"/> Final CLRx <input type="checkbox"/> Clck/Disp <b>APPT</b> _____                  CL SOLUTIONS _____                  Dispensed trials@ _____</p>
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<p>___ <b>OM info</b> updated _____ Screened _____                  ___ <b>CHARGES</b> entered _____  <input type="checkbox"/> office visit, EXAM, CLck, CL exam  <input type="checkbox"/> Glasses, Contacts  <input type="checkbox"/> Special test: photos, OCT, VF, etc                  ___ <b>PAYMENT</b> entered/ ___ no payment, gave billing _____  <b>PATIENT UNDERSTANDS BILLING</b> _____</p>	<p>___ PAs , AUTH nos, PCP referrals _____                  ___ <b>VSP Vision/CLex sub'd</b> _____                  ___ <b>Union claims</b> ___ sign'd/scan'd /mail'd _____                  ___ <b>ORDERED</b> glasses/contacts _____                  ___ <b>Pre appt made / Recall Entered</b> _____                  ___ Call to finalize CLRx _____  <b>Assistant</b> _____</p>
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