

Dry eye is a Progressive Eye Disease that can permanently damage your ocular surface if left untreated.

Have you *recently* or are you *currently* experiencing any of the following common symptoms of Dry Eye? (Check Box)

Sandy/Gritty Eyes? Yes No

Tired Eyes? Yes No

Red Eyes? Yes No

Irritation worse upon awakening? Yes No

Excessive Tearing or Watery Eyes? Yes No

Difficulty wearing contact lenses? Yes No

A sensation of having something in your eyes? Yes No

Using Rewetting Drops without relief of irritation? Yes No



NOTICE OF PRIVACY PRACTICES

Please Initial:

_____ I authorize the release of any Protected Health Information (PHI) necessary to process the claim. I also authorize direct payment of medical benefits to my doctor.

_____ I understand that verification of coverage is not a guarantee of payment. Actual payment will be made when a claim is received, and I will be responsible for any balance my insurance company does not cover.

_____ I have been given the opportunity to read/or receive a copy of this office Notice Of Privacy Practices.

_____ I authorize to release my records/information to the following people:

Patient Name(print): _____ Date of Birth: _____

Signature/Guardian: _____ Date: _____

Relationship to Patient: _____