



We are pleased that you have chosen us for your eye care needs. Our entire staff is dedicated to making your experience with us a pleasant and rewarding one.

Our office is located on the **SECOND** floor in 619 River Drive, which is the middle office building with the rounded front. The entrance to the lobby is on the right side.

The following information may be of help to facilitate your visit with us:

- ▶ **Office consultations.** We recommend that you have a family member or a friend accompany you for your initial consultation. This can be up to a **3 HOUR** comprehensive visit containing a considerable amount of information regarding the health of your eyes and the various treatment options.
- ▶ **Dilation of your eyes.** Dilation of your pupils is typically performed during a complete examination. This may cause some blurring of your vision for several hours. We encourage that you bring sunglasses to wear afterwards. It would be advisable to have someone accompany you and drive you home.
- ▶ **Eyeglasses and contact lenses.** Please bring your current spectacles, both distance and reading, if applicable. If you wear contact lenses, it is important that you do not wear them for two days prior to your examination.

- ▶ **Insurances.** Our office participates with Medicare, Medicaid, and most major medical insurance plans. Your coverage applies to the medical portion of your insurance plan, not the vision plan. Please be certain to bring all of your current insurance cards so that we may assist you with the submission of your insurance claims.
- ▶ **HMO's.** We participate with all major HMO's in the area. Many HMO's require a referral from your primary care physician for your visit to be covered. It is the patient's responsibility to obtain the appropriate referral prior to your visit. Please present it to our receptionist upon your arrival.
- ▶ **Consultations.** If your eye doctor is referring you for a consultation, it will be of great benefit to bring any information that your eye doctor has given you.
- ▶ **Cancellations.** If you cannot keep your appointment with us, we would appreciate 2 days notice so that we may accommodate other patients.
- ▶ **Office Forms.** To expedite your visit please fill out the enclosed Registration Form and Health Questionnaire and present it to our receptionist upon your arrival.

**Our technicians, nurses, and physicians are focused on providing you with personalized care. Please feel free to call us if there are any questions. We look forward to your visit.**

Patient \_\_\_\_\_

Appt. Date \_\_\_\_\_ Time \_\_\_\_\_

With Dr. \_\_\_\_\_