

TODAY'S VISION

THE ONE TO SEE®

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 child, Parent's Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Work/Daytime Phone: _____
E-mail Address: _____
DOB: _____ M or F: _____ SSN: _____
Employer: _____ Occupation: _____
Spouse's Employer : _____ Work Phone: _____
Health Insurance Carrier: _____ ID & Policy # _____
Vision Insurance Carrier: _____ ID & Policy # _____
How did you find out about our office? _____

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 a the time of services are rendered.

Signature: _____ **Date:** _____

TODAY'S VISION - ROSENBERG

Phone: 281.342.7747

James Kong, O.D.

5101 Avenue H. Suite 67
Rosenberg, Texas 77471

Fax: 281.342.4720

Ronni Kruger, O.D.
Marilyn Chow, O.D.