

Welcome Form

*For faster service, please complete the following form prior to arriving at our office.
(Forms available at www.montebelloptometry.com)*

Appointment Date _____

Patient's Name _____ Age _____ Sex ___M___F

Birth Date _____ Social Security # _____ Drivers License# _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Work/Cell Phone _____

Employer _____ Occupation _____

Emergency Contact _____ Phone _____ Relationship _____

E-Mail Address _____

Date of Last Eye Exam _____ Name of Previous Eye Doctor _____

How did you hear about our Office? _____

Insurance Name _____ Insurance ID # _____ Group # _____

I understand that I am financially responsible for all charges not covered or paid by my insurance.

Signature _____ Date _____

Privacy Practices Acknowledgement

Montebello Optometry is required by law to take reasonable steps to protect the privacy of your Protected Health Information (PHI) and to provide you with notice of our legal duties and privacy practices with respect to PHI. PHI is information that may identify you and that relates to your past, present or future physical or mental health or condition and related health care services. PHI includes prescription records maintained by us. The notice of Privacy Practices (Notice) describes how we may use and disclose PHI to carry our treatment, payment or health care operations and for other specified purposes that are permitted or required by law. The Notice also describes your rights with respect to PHI about you. Please review copy located at Front Desk.

Signature _____ Date _____