

Ref /NoRef Active/Inactive/Don'tAccept Ded____/Rem\$_____CoPay\$_____ClearDate:_____By:_____PreApp: Y/N

We require your MEDICAL NOT VISION INSURANCE. For OFFICE VISITS this is our only form of payment, so is essential. For LASEK patients, even though this is a FREE CONSULTATION, we can ALWAYS get them to pay for EYE EXAMS, to reduce the cost of your LASEK by HUNDREDS of \$\$\$. Your medical insurance will NOT be charged without your permission. Medical insurance will pay for punctal plugs/cautery to speed recovery after LASEK. Please ASK US to CLEAR your MEDICAL insurance & ESTIMATE you how much it will pay/you will save! :)

PRINT CLEARLY TO PREVENT MISTAKES – BOLD FIELDS ARE REQUIRED!!!

Medical Insurance Brand:_____ **ID:** _____ **Group:** _____ **DOB:** _____

Secondary insurance (Medical or Vision) Brand: _____ **ID:** _____ **Group:** _____

Name: _____ / _____ **DOB:** _____ / _____ / _____ **Age:** _____ **Sex:** F / M
(Last) (First)

Home Address: _____ **Apt:** _____ **City:** _____ **State:** _____ **Zip:** _____

Work Address: _____ **City:** _____ **State:** _____ **Zip:** _____

We Require 4 #s: 1.Cellphone: _____ 2.Office#: _____ 3.Pharmacy#: _____

4.Medical Emergency #: _____ **Whose # is This? (mom, dad, spouse, etc):** _____

We also require 2 Emails: 1.Work Email: _____ 2.HomeEmail: _____

Occupation: _____ **Company:** _____ **Industry:** _____

What Industry you work in (eg "healthcare"): _____ **# of Employees in your Company:** _____

Doctor/Facility for last EyeExam: _____ **MD (operates)/OD (doesn't) Tel:** _____

How did you hear about us? Patient/Friend/(name): _____ **Doctor:** _____

Google search terms used: _____ **Other:** _____

Yelp **FB** **IG** **NYT** **CNN** **WSJ** **went to school w. Dr. C. at: Dartmouth/Columbia/Harvard/Emory/NYU**

1. **Why did you choose this center and/or Dr. Chynn?** _____

2. **What do you Dislike about glasses/contacts?** _____

3. **Why have you Waited until now?** _____

4. **What are you Looking Forward To Enjoying without glasses/contacts?** _____

5. **In an ideal world, when would you like to get YOUR LASEK?** **Today** **This Week** **This Month** **This Year**

6. **What Concerns/Questions would you like us to Address today?** _____

7. **Different people want information conveyed in different ways. Would you prefer (circle one):**

(A) A detailed statistical presentation **OR** (B) A general, big picture presentation

8. **What friend might be interested in LASEK? Name:** _____ **Phone/Email:** _____

9. **For pleasure, do you prefer to (circle one):** (A) **Reading/computers** (B) **Watching TV/movies**

10. **Which factor is most important to you (circle one):** **Safety** **SurgeonExperience** **Technology** **Cost**