All Things Eyes

Dr. Allen Wong, O.D. | 7060 S. Durango Dr., Ste #112, Las Vegas, NV 89113
P: (702) 362-2020 | **F:** (702) 362-0320 | **E:** AllThingsEyes@gmail.com

Patient Information Form

Name:	Preferred Name:	DOB:
Address:	City, State, Zip:	
Marital Status:	SSN:	Gender:
Employer:	Occupation:	
Contact Phone #:	E-Mail:	
If mobile # is provided, may we text you?		
Are you a new or existing patient?	How did you hear about our office?	

Primary Care Physician:	Phone #:
Address (or) Cross Streets:	
What/where is your preferred pharmacy?	

We respect your privacy. Any contact information given to our office will never be shared with any unauthorized parties. However, we may contact you for appointments, order status, questions and any other reasons.

Primary Insurance:	Insurance ID #:
Insured First Name:	Insured Last Name:
Insured Date of Birth:	Relationship to Patient:

Secondary Insurance:	Insurance ID #:
Insured First Name:	Insured Last Name:
Insured Date of Birth:	Relationship to Patient:

I, the patient, acknowledge that: (1) I have provided correct information for the Patient Information Form, and (2) I understood any attached forms, including the Notice of Privacy Practices (HIPAA) and Office Return Policy.

Signature**:** _____ Date**:** _____