

GREGORY J. KENT, M.D.
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THE EYE ASSOCIATES, P.A.

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1602 Arlington Avenue
 Caldwell, Idaho 83605
 (208) 459-0717

"Payment is expected
 at time of service"

DATE: _____

INFORMATION UPDATED: _____

Welcome To Our Office

PATIENT INFORMATION

PATIENT'S NAME:		Birthdate:	Age:
Mailing Address:		Sex: M or F	Marital Status: M S W D
City:	St:	Zip:	Home Phone: Cell Phone:
Patient's SS #:		Employer:	Work Phone:
Mother's Name: (If Minor)	Work #:	Father's Name: (If Minor)	Work #:

PERSON RESPONSIBLE FOR PAYMENT		Same as above <input type="checkbox"/>	
Name:	Sex: M F	Birthdate:	Marital Status: M S W D
Address:		SS #:	
City:	St:	Zip:	Employer:
Home Phone:		Work Phone:	

PRIMARY INSURANCE			
Name of Carrier:		Policy #:	
Member Name:		Group #:	Group Name:
Birthdate:		Member Employer:	

SECONDARY INSURANCE			
Name of Carrier:		Policy #:	
Member Name:		Group #:	
Birthdate:		Group Name:	
Nearest Relative/Friend (not living with you):		Home Phone:	Work Phone:
Address:		City:	St: Zip:
Referred By:		Family Doctor:	

How did you hear about us? _____

Do you have vision coverage through VSP or Davis? (Please circle one). Member # _____

<i>(For office use only)</i>

(over)