All Eyes Optical, Inc.

Dr. Vito J. Guario

13688 W. State Road 84

Davie, Florida 33325

(954)452-0999

Welcome To Our Office

Date________________________

Last Name____First Name_____________________________________

Street Address____

City____State______________________Zip Code_____________

Cell Phone #____________________________________Home Phone#______________________________________

E-Mail Address____

DOB___________________________________ Age________ Gender ( )Male ( )Female

Social Security #_______________________________________

Marital Status ( )Single ( )Married ( )Other

Occupation____

Date Of Last Exam______________________________________By Whom___________________________________

Reason For Today's Visit____

Allergies____

Medications____

____

Do you or any family members have any eye diseases? ( ) Yes ( )No

If yes, please explain?____

How did you hear about us?____

Vision & Medical Insurance Information

Vision Insurance Company____

ID #____

Insured's Last Name_______________________________Insured's First Name____________________

Insured's DOB__________________________

Relationship To Insured ( )Self ( )Spouse ( )Child ( )Other

____

Medical Insurance Company____

ID#____

Insured's Last Name______________________________Insured's First Name_____________________

Insured's DOB___________________________

Relationship To Insured ( )Self ( )Spouse ( )Child ( )Other

I request that payment of authorized insurance benefits be made to All Eyes Optical, Inc. for any services furnished to me by Dr. Guario. I authorize any holder of medical information about me, to release to the Health Care Financing Administration and its agents, any information needed to determine these benefits or the benefits payable for related services. I also understand that if my insurance company does not provide payment, I will be responsible for said services.

Signature____ Date:________________

Wellness Testing

In addition to your routine eye examination, Dr. Guario will use new technology to screen for early signs of ocular and systemic diseases such as diabetes, hypertension, glaucoma, macular degeneration, tumors, etc. This new technology includes digital retinal imaging. In order to provide you with the most complete exam, this test has now become an essential part of our complete eye health analysis.

The additional fee for this test is $35.00 and is NOT covered by vision insurance plans.

Accept □ Initials ________ Decline □ Initials________

I acknowledge that I have received a copy of Dr. Vito J. Guario/All Eyes Optical's Notice of Privacy Practices.

Signature ____ Date:__________________