

**All Eyes Optical, Inc.**  
**Dr. Vito J. Guario**  
**13688 W. State Road 84**  
**Davie, Florida 33325**  
**(954)452-0999**

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**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

Last 4 Digits Of 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? \_\_\_\_\_