

Patient Information

Date

Dr Mr Mrs Ms Miss (circle one)

Male Female (circle one)

First Name

Middle Name

Last Name

Suffix

Nickname

Date of Birth

SSN

Street Address

City

State

Zip Code

_____ Cell Home Work (circle one)
Primary Phone Number

_____ Cell Home Work (circle one)
Secondary Phone Number

Email Address

Employer

Occupation

Spouse / Parent

Spouse's / Parent's Employer

Emergency Contact

Emergency Phone Number

Primary Insurance

Group #

Member #

Secondary Insurance

Group #

Member #

Insurance Policy Holder Name

Date of Birth

Were you referred to Kugler Vision by a doctor?

___ Referred by a medical doctor *Name of medical doctor* _____

___ Referred by an eye doctor *Name of medical doctor* _____

Health Insurance Portability and Accountability Act Waiver

Because Kugler Vision is bound by rules of the Health Information Portability and Accountability Act (HIPAA), we are unable to provide any information to any person other than you without your consent. This includes information about your account, appointment times or prescriptions.

Please list any persons or agencies that we have permission to release your information to.

This information can be amended as needed.

Release of Information

I hereby authorize the release of medical records both written and oral, to insurance companies, employers, physicians, HCFA and any other institution or organization that may request information necessary to determine eligibility for health care benefits. I request that payment of authorized Medicare and insurance benefits be made to KUGLER VISION PC. I hereby acknowledge that I received or have been offered a copy of the KUGLER VISION PC Notice of Privacy Practices.

Signature

Date

Alphaeon Disclosure

During the course of your visits here at Kugler Vision, my staff or I may discuss, refer, prescribe or otherwise recommend products or services distributed, provided or endorsed by ALPHAEON Corporation. I would like to inform you that I have an ownership interest in Strathspey Crown Holdings, LLC, the parent company of ALPHAEON.

I am providing this information to you in order to help you make an informed decision about your health care. As always, you have the right to obtain health care services and products from Kugler Vision as well as any other health care provider you choose. I completely respect your decision and will not treat you any differently if you choose to use or purchase a product or service other than those that I recommend. Upon request, I can provide information about alternative products or services.

By signing this notice, you are evidencing your informed decision to purchase the ALPHAEON product or service at your sole expense.

Acknowledged and accepted:

Signature

Date