EYES & EYEWEAR, INC.
DR. DONALD WALKER
DR. JON BRANTON
OPTOMETRY

Date _____

PLEASE PRINT

Patient's Name _____ ❑ M ❑ F
First Middle Last
❑ Married
Address _____ ❑ Single
❑ Widow

City _____ State _____ Zip Code _____

Home Phone _____ Daytime Phone _____ Ext. ____ Cell Phone _____

E-mail _____

Date of Birth _____ SS# of Patient _____

Patient's Employer _____ Patient's Occupation _____

Insurance Company _____ Name of Insured _____

SS# or ID of Insured _____

Parent or Spouse Name _____ Spouse Employed By _____

Spouse Business Phone _____ Spouse Cell Phone _____

Whom may we thank for referring you to us? _____

Have you ever been a patient or had services rendered at Eyes & Eyewear before? _____

Has anyone in your imediate family had services rendered here before? _____

There will be an 18% annual interest rate charged on all unpaid accounts over 30 days.I agree to pay for physician's attorney fees and/or collection agency fees should the use of an attorney and/or collection agency become necessary to collect the fee.

Signature _____

Abbot 2/08

THANK YOU!