
Patient Information + Vision & Eye History

Section 1: Patient information

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Email: _____

Insurance: _____

Section 2: Vision & Eye history

Do you Wear:

Glasses Contacts Ortho-K lenses Neither

Check All that Apply:

Blurry Vision Dry Eyes Headaches Macular Degeneration
 Floaters Flashes Eye Strain Retinal Issues
 Surgery Injury Glaucoma Cataracts

Medical History + Medications + Family History + Lifestyle

Section 3: Medical history

Check All that Apply:

Diabetes Hypertension Cholesterol
 Thyroid Asthma Heart Disease
 Cancer Other _____

Section 4: Medications & allergies

Current Medications: _____

Allergies: _____

Section 5: Family history

Check All that Apply:

- Glaucoma Macular Degeneration Diabetes
 Hypertension Blindness Cataracts

Section 6: Lifestyle & Visual needs

- Computer Use Reading Driving
 Night Driving Sports Other _____

Financial Responsibility + HIPAA Acknowledgment

Section 7: Financial responsibility

I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature: _____ Date: _____

Section 8: HIPAA acknowledgment

I acknowledge that I have received the Notice of Privacy Practices.

Patient Signature: _____

Guardian (if minor): _____

Witness: _____

HIPAA summary

This summary explains how your health information may be used and your rights regarding that information.

How We Use Your Information:

- For treatment, such as sharing information with other healthcare providers involved in your care.
- For payment, including billing your insurance company.
- For healthcare operations, such as quality improvement and staff training.

Your Rights:

- You may request to see or get a copy of your health records.
- You may request corrections to your records.
- You may request limits on how your information is used or shared.
- You may request confidential communication (for example, using a different phone number).
- You may request a list of certain disclosures of your information.

Our Responsibilities:

- We are required by law to protect your health information.
- We will notify you if a breach occurs that may have compromised your information.
- We will follow the privacy practices described in this notice.

For More Information:

A full copy of our complete Notice of Privacy Practices is available upon request at any time.

Store Policy & Contact Lens Fee Information

Section 9: Store policy & contact lens fee information

We care about your complete satisfaction. That is why we will exchange your new glasses for up to 30 days.

Glasses and contact lenses are custom-made items so there will be NO refunds on either. Under certain circumstances, store credit may be issued.

Progressive lenses are special-order lenses and not everyone will be able to adapt to them. If you are unable to adapt, we will remake the lenses into single-vision or bifocal lenses at no additional charge. There will be NO refunds on progressive lenses.

If you are planning to order new lenses for your own frame, it will be at the customer's risk and NOT the responsibility of the retailer if the frame breaks during the process.

We will gladly adjust or repair your glasses, but we cannot hold any responsibility if the glasses were bought elsewhere or are already damaged.

Contact Lens Fee Explanation

Your total contact lens fees are determined by the complexity of your prescription and the type of lenses designed for your eyes.

Examination Services

A comprehensive eye examination is required prior to placing any diagnostic lens on your eyes. This evaluation ensures your eyes are healthy and suitable for contact lens wear.

Contact Lens Design & Follow-Up Services

With recent advances in technology, most patients have the opportunity to wear contact lenses. The more complex your prescription, the more time and expertise are required to design the appropriate lenses.

Here at Advantage Vision, we are committed to excellence in contact lens care. Dr. Sun will provide you with the best possible fit and vision. New York State requires that all contact lens prescriptions expire after one year.

CONTACT LENS SERVICE FEES ARE NON-REFUNDABLE
ALL GLASSES ARE CUSTOM MADE AND CANNOT BE REFUNDED
