

Date \_\_\_\_\_ AHC#: \_\_\_\_\_

Name: Mr. Mrs. Miss Ms Dr. \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM DD YY

Address: \_\_\_\_\_

City:/Prov.: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone No. (Home): \_\_\_\_\_ (Cell): \_\_\_\_\_

EMAIL: \_\_\_\_\_ Preferred method of contact:  Email  SMS  Phone

\*Emails are used solely for appointment reminders and in office promotions. Your email will not be sold or used for any other purposes.

I consent to receive emails for the above purposes.

\_\_\_\_\_  
Signature

Occupation: \_\_\_\_\_

Were you referred to our office?  Yes  No

If yes, whom can we thank? \_\_\_\_\_

If no, how did you hear about us? \_\_\_\_\_

OR:  Family Member  Website  Physician  TV/Radio Ad  Walking by  Google/Internet

Do you currently use (please check all that apply)?

- Glasses full time  Reading glasses  Contact lenses  
 Glasses part time  Bifocals/progressive bifocal  None

How old are the glasses? \_\_\_\_\_

Would you like more information on:

- Anti-reflective lenses  Scratch resistant lenses  Thinner/lighter lenses  Sunglasses  
 Transition lenses  Computer glasses  Sports glasses  Eye vitamins  
 Eye drops/dry eye  Bifocal contact lenses  Disposable contact lenses  Other: \_\_\_\_\_

Do you currently have optical coverage?  Yes  No If yes, with which company \_\_\_\_\_

We direct bill Alberta Blue Cross, Great West Life, Sun Life, Green Shield, Standard Life, Industrial Alliance & Johnson inc.

**Recall**

- Full Exam
- Follow-up
- OPTOS
- OCT
- VF
- DFE
- VA Check
- Cyclo
- RX Check
- IOP
- CL Check

1yr  1wk  1m  3m  6m  Other \_\_\_\_\_

- VF
- IOP
- OPTOS
- 1% MYDRIACYL
- AF OPTOS
- 1% CYCLO
- OCT
- AUTO REFRACT
- PUT PATIENT BACK IN ROOM**

B650 \_\_\_\_\_  DISPOSABLE SUNS

B651 \_\_\_\_\_

B659 (REFRACTION)

B900 \_\_\_\_\_

B901 \_\_\_\_\_

B902 \_\_\_\_\_

B903 \_\_\_\_\_

B904 \_\_\_\_\_

B906/B907 (VISUAL FIELDS) \_\_\_\_\_

B908/B909 (OCT) \_\_\_\_\_

B910/B911 (OPTOS) \_\_\_\_\_

- Tears
- SYSTANE ULTRA
- SYSTANE HYDRATION
- SYSTANE BALANCED
- SYSTANE GEL

Vitamins \_\_\_\_\_

Lid Scrubs \_\_\_\_\_