



Dr. Logan J Oliver

**Check-In Information**

_____	_____	_____
First Name	Last Name	Date of Birth
_____		_____
Mailing Address		City
_____	_____	_____
State	Zip code	Social Security
_____	_____	_____
Home Phone	Cell Phone	Email
_____		_____
Parent/Guarantor		Occupation/Student


Please list all Medications:

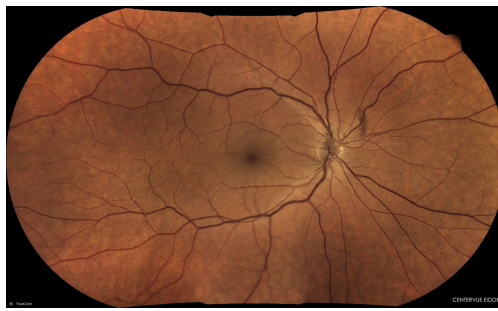
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list all drug Allergies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*Present current **Medical *and* Vision** insurance cards with this form

  
(Turn Over)



- **Retinal Photography: \$30** (out of pocket)

- Option to increase detection/monitoring of eye diseases in the retina (back of the eye) by allowing us to take images with our state of the art Widefield Retinal Camera. In most cases photos can be taken without the need for dilating drops. *(medical insurance may cover fee in presence of pathology)*

- I CHOOSE to have a digital retinal photo taken of the back of the eye. I am responsible for the \$30 charge
- I DECLINE a digital retinal photo. I understand that I will have my eyes dilated for a comprehensive check

- **Optical**

- Frame Adjustments, Repairs, Warranties, Fit modifications, etc are provided as a courtesy at NO COST to patients who purchase eyewear in our Optical.
- Eyewear/Contact Lens Rx filled outside our office will NOT receive the benefits listed above (including fit adjustment, prescription verification, vision checks, etc)

- **Insurance**

- As a courtesy, we file all In-Network and a select number of Out-of-Network policies. All patient out of pocket expenses are due at time of service.
- Medical exams will be billed to your medical insurance policy.
- Vision exams are solely for refractive purposes and do not cover ancillary medical testing.

- **No-Show** (same calendar year)

- 1st occurrence: No fee
- 2nd occurrence: \$50
- 3rd occurrence: Dismissal

---

Signature

Date:    /    /