Elmer Wong, O.D.
6700 N First St, Ste. #103
Fresno, CA 93710
(559)438-6440

Welcome to our office. Please fill out the following information as completely as possible.

PATIENT INFORMATION

NAME_____
Last First Middle

ADDRESS_____
Street City State Zip

PHONE: HOME _____ **CELL**_____ **WORK** _____

BIRTH DATE_____ **SEX (M/F)** _____ **SSN #**_____

PATIENT'S EMPLOYER_____
Employer's Name Street Address City Zip

SPOUSE'S NAME _____ **BIRTH DATE**_____ **SSN#**_____
Last, First

SPOUSE'S EMPLOYER_____
Employer's Name Street Address City Zip

NAMES AND AGES OF CHILDREN_____

_____

REFERRED BY:_____

_____

BILLING INFORMATION

RESPONSIBLE PARTY'S INFORMATION:

NAME_____ **BIRTH DATE**_____ **SSN#**_____
RELATIONSHIP TO INSURED ( ) SELF ( ) SPOUSE ( )CHILD ( ) OTHER

_____
Name of Insurance Plan (VSP, MESC, DAVIS, MEDI-CAL, MEDICARE, HEALTH COMP, PRIVATE, ETC.)

_____
ID# Group#

PLEASE CHECK YOUR PREFERRED METHOD OF PAYMENT
( ) CASH ( )CHECK ( ) VISA ( )MASTERCARD

FINANCIAL AGREEMENT:

I authorize treatment of the person named above and agree to pay all fees and charges for such treatment.

_____ _____
Signature **Date**