



NEW PATIENT INFORMATION

Dear New patient:

Your appointment is scheduled for _____ at _____. Please find enclosed new patient forms which include a registration form, medical history questionnaire, and a records release form. ***Please do not mail these forms back to us, just bring them with you on the day of your appointment.***

On the registration form you may leave the insurance information blank if we can make a copy of your insurance card. Also, please be sure to fill out and sign both sides of the medical history questionnaire.

The medical records release form is provided to you to transfer any medical records from another ophthalmologist's office. We will either mail or fax this form when you arrive for your appointment. ***Because we have a waiting list for new patient exams, please call us a day ahead if you must cancel.***

If you have any questions, please contact us at 479-756-5500 or 479-631-8900.

We look forward to serving you as our patient.

Sincerely, The Jeffries Eye Clinic