



Taustine Eye Center
Laser Surgery Center

NEW PATIENT INFORMATION

Welcome to our office. Please complete this form and return it to the receptionist, who will use the information to prepare your chart.

PLEASE PRINT

PATIENT INFORMATION

Name _____ Date _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ Age _____ Male/Female _____ Social Security # _____

Occupation _____ Employer _____

Employer Address/Phone _____

Please Check: Single Married Widowed Divorced

Name of Spouse _____ Employer _____

Employer Address/Phone _____

Name of referring physician/patient _____ Family Physician _____

EMERGENCY CONTACT

Name _____ Relationship _____

Address _____

Home Telephone _____ Work Telephone _____