Dr. David L. Popper
Dr. Jaime A. Balaguer, Jr.

6850 Miramar Parkway
Miramar, Florida 33023

Phone: (954) 961-2200
Fax: (954) 961-7645

PLEASE PRINT

Patient Name _____ Today's Date _____
Last First
Sex M F

If married, name of spouse _____ If minor, parent's name_____

Address_____ City_____ State_____Zip Code _____

Phone ( ) _____ SS# _____ Age _____ D.O.B. _____

Driver's License # _____ Employer/School _____

Business Phone ( ) _____ Occupation_____

Cell Phone ( )_____ Email address _____

Medicare # _____ Do you have medical Insurance? YES NO

Other group health plan and insurance # (if any) _____

Name of insured person _____ D.O.B. of insured _____

SS# of insured person _____ Vision care plan (if any) _____

Does your work require special vision care? _____ If so, please explain: _____

_____

How were you referred to our office? _____

Do you use a computer? YES NO How many hours a day? _____

List any activities or hobbies that you participate in that may require special vision needs:_____

_____

Date of last exam: _____ Do you wear contact lenses? YES NO

Reason for today's visit: _____

Any special eye or vision problems? _____

Are you interested in laser vision correction? _____

Medical Doctor Name _____ Phone ( ) _____

I request that payment of authorized Medicare benefits or other insurance be made on my behalf to Dr. David L. Popper for any services furnished to me by the above named doctor. I authorize any holder of medical information about me to be released to Health Care financing Administration and its agent, any information needed to determine their benefits or the benefits for related services.

Patient Signature _____ Date _____

THERE IS A $25.00 SERVICE CHARGE ON ANY RETURNED CHECK