



Welcome to EyeGen Vision Center
16845 Algonquin Street., Huntington Beach, CA 92649

It is our goal to provide you with exceptional service. We appreciate any feedback you can provide us!

Patient Information

Last First Middle Initial Title Dr. Mr. Mrs. (Circle) Miss. Other

Last four of SSN # Date of Birth Gender (Male/Female)

Home Address City State Zip Code

Home Number Cell Number Alternate Number

E-Mail (Your E-mail is kept confidential.)

How did you hear about EyeGen Vision Center?

Emergency Contact Information

Last First Phone Number Relationship to Patient

Dilated Eye Exam

Dilation is an important part of a comprehensive eye exam because it enables your eye care professional to view the inside of the eye. Drops placed in each eye widen the pupil, which is the opening in the center of the iris (the colored part of the eye). Dilating the pupil allows more light to enter the eye the same way opening a door allows light into a dark room. Once dilated, each eye is examined using a special magnifying lens that provides a clear view of important tissues at the back of the eye, including the retina, the macula, and the optic nerve. All comprehensive exams include a dilated eye exam at no additional charge. If it is not convenient to have your eyes dilated today, please discuss a follow up appointment with your doctor.

Privacy Rights Acknowledgement

I have read the Privacy Notice and understand my rights contained therein. By way of signature, I acknowledge that EyeGen Vision Center has provided me with a policy regarding the use and disclosure of my protected health care information for the purpose of treatment, payment and health care operations as described in the privacy Notice. A copy shall be as valid as the original.

Signature Date

Financial Policy Acknowledgement

I understand that I am financially responsible for charges when services are rendered. If my insurance is billed, I am responsible for services, material, or deductibles not covered. I authorize EyeGen Vision Center to release medical information necessary to my insurance company to process claims submitted on my behalf. I understand that if I fail to make payments, my account will be turned over to the collection agency, in which case I will be obligated to pay the costs of collection, court, and legal fees in addition to EyeGen Vision Center. I further understand that any dispute or controversy which may arise between myself and/or my dependent and EyeGen Vision Center or its doctors relating to services provided or activities at 16845 Algonquin St. Huntington Beach, CA 92649, must be submitted to arbitration in lieu of a jury or court trial.

Signature Date

Office Use Only

How likely are you to recommend us to a friend or co-worker? 1 2 3 4 5 6 7 8 9 10

We use Google Customer Reviews to collect feedback. Can we text you a link to our Google Reviews page? Y / N