

*Mann Eye Institute
and Laser Center*

Date _____	Acct # _____		
Patient Name _____	Date of Birth _____	Age _____	
Address _____	City _____	State _____	Zip _____
Home Phone _____	Work Phone _____		
Cell Phone _____	Email Address _____		
Employer _____	Occupation _____		
Hobbies _____			
How did you hear about Mann Eye Institute? <input type="checkbox"/> Radio (Station) _____ <input type="checkbox"/> TV <input type="checkbox"/> Internet			
<input type="checkbox"/> Past Patient (Name) _____ <input type="checkbox"/> Eye Doctor <input type="checkbox"/> Insurance Provider <input type="checkbox"/> Other _____			
Do you wear? <input type="checkbox"/> Contact Lenses (Type) _____ <input type="checkbox"/> Glasses			
Last Eye Exam: _____		Eye Doctor: _____	
Have you ever been evaluated for LASIK before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when? _____			
List any previous eye surgeries: _____			
General Health (check all that apply): <input type="checkbox"/> Autoimmune Disease _____ <input type="checkbox"/> Diabetes <input type="checkbox"/> Cataract			
<input type="checkbox"/> Glaucoma <input type="checkbox"/> Dry Eyes <input type="checkbox"/> Other _____			

Cost Per Eye:

\$ _____ per eye for LASIK (includes IntraLase and WaveFront) / CK / Crystalens /

Other _____

\$ _____ Exam and Testing

\$ _____ TOTAL

Payment must be made by cash, cashier's check, money order, American Express, Visa, Discover, or Mastercard. Financing plans are available and arrangements must be made prior to your procedure day. NO PERSONAL CHECKS. All payments are collected prior to the day of your procedure. All co-management fees are set and collected by your referring doctor. Please contact them directly for payment arrangements.

Next Appointment: _____