MEIER & MOSER
ASSOCIATES, P.C.

Comprehensive Family Eye Care

Stephen P. Meier, Jr., O.D.
Leigh A. Moser, O.D.

Welcome To our Office

We need certain information about you so that we may serve you better

Name__________________ ______ ________________________ Nickname ___________________

First M Last

Address ____

City___________________ State_______ Zip code_____________________

Home ( )___________________ Cell ( )____________________ Work ( )_____________

Date of Birth ___________________ Sex M F SSN: ___________________________

Email ____ Marital Status S M D W

Ethnicity ______________________ Race _____________________

Smoking Status: Current Everyday Current some days Former Smoker Never

Employment: Full Time Part time Not Employed Retired FT Student PT Student

Occupation: ____________________________ Hobbies ______________________________

Guardian _________________________ Relationship ____________ Phone _____________

Emergency Contact _____________________ Relationship _____________ Phone _____________

Who referred you to our office? ____

Primary Physician _____________________________ Phone __________________________

Secondary Physician ___________________________ Phone __________________________

THE OFFICE POLICY....PAYMENT DUE AT THE TIME OF SERVICE.

For Office Staff Only: Please show patients this form so they can update information if any changes.

☐ Hippa Consent Consent Date __________

Date Shown ___________ Date Shown ____________ Date Shown _________

Date Shown ___________ Date Shown ____________ Date Shown _________

Date Shown ___________ Date Shown ____________ Date Shown _________

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