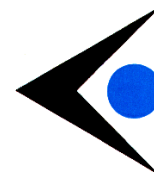




Dr. Robert Gladsten –
Laser Surgeon and Medical Director of

New Vision Laser Center

Patient Data



NEW
VISION
LASER
CENTER

- Today's Date: ___/___/___
Date of Birth: ___/___/___ Age: ___
- ◆ Patient Name: _____
 - ◆ Address: _____ City: _____ State: _____ Zip: _____
 - ◆ Home: (___) - ___ - _____ ◆ Bus: (___) - ___ - _____ ◆ Cell: (___) - ___ - _____
 - ◆ Personal Email: _____ ◆ Business Email: _____
 - ◆ Current Optometrist: _____ City Of Optometrist: _____
 - ◆ Current Employer: _____ Occupation: _____
PLEASE DO NOT ABBREVIATE YOUR COMPANY NAME
 - Brief description of what your company does: _____
 - ◆ Do you wear glasses? Yes / No ➤ If yes, do you use glasses for reading only? Yes / No
 - Do you use glasses for driving only? Yes / No ➤ Are your glasses bifocals? Yes / No
 - ◆ Do you wear contacts? Yes / No ■ Hard/Gas Perms: _____ / Soft: _____ / Toric: _____

HOW DID YOU HEAR ABOUT NEW VISION LASER CENTER? (**CHECK ALL THAT APPLY**)

INTERNET / WEBSITE

RADIO-STATION (NAME OR CALL LETTERS): _____

CABLE T.V.

HAVE YOU SPOKEN WITH ANY OF OUR PATIENTS ABOUT LASIK?

NO ___ / YES ___ /IF YES, WHO? _____

- ◆ As you were considering LASIK as an option, what did you think the TOTAL cost would be?
 \$2,998.00 to \$3,998.00 \$3,999.00 to \$4,998.00 \$4,999.00 to \$5,998.00
- ◆ Have you heard about our "**Money Back Guarantee**?" Yes _____ / No _____
- All **LASIK** procedures are performed in our Hagerstown office laser suite. The duration of the day of procedure visit is approximately 2 hours.
- ◆ Check which *day* and *time* you prefer to schedule your surgery?

Days: Tuesday ___ Wednesday ___ Thursday ___

Times: 9:00am ___ 12:00pm ___ 2:00pm ___

- ◆ The total fee for the procedure is collected at the conclusion of the pre-operative exam if it is determined that you are a good candidate for laser vision correction. Are you prepared to schedule and pay for your surgery?
Yes _____ No _____ Comments: _____
- ◆ Payment can be made by cash/check, credit card or through financing with Care Credit. Which method of payment do you prefer?
- Cash/Check ___ ➤ Bank Credit Card ___ ➤ Flex/HSA Credit Card ___ ➤ Finance ___
- Are You Pre-Approved with *Care Credit* Thru Our Web Site? YES / NO / PENDING
- ◆ What are the most important questions or concerns regarding LASIK that we can address?
