



Randolph Brooks, O.D.
 Susan M. Gardner O.D.
 Danielle Gaeta O.D.

Patient Information

Today's Date	Email
First Name	Cell Phone
Last Name	Emergency Contact Name
Date of Birth	Emergency Phone #
Gender	Social Security #
Street Address	Employer/School
City	Occupation
State	Hobbies
Zip Code	Spouse/Parent
Home Phone	Spouse/Parent

Insurance

Vision Insurance	Secondary Medical
Subscriber Name	Subscriber Name
Subscriber Social Security	Subscriber Social
Subscriber Birthdate	Subscriber Birthdate
Medical Insurance	
Subscriber Name	
Subscriber Social	
Subscriber Birthdate	

In order to provide you with an updated contact lens prescription, we need to evaluate your current contact lenses. There is a \$70 fee. This fee is not covered by your vision or medical plan.

Would you like to have your contact lenses evaluated today? YES/NO

Patient Initials _____