ALL EYE CARE, P.A.

VISION, MEDICAL & SURGERY

RAJIV RUGWANI, M.D.

Eye Specialist & Eye Surgeon

800 Hwy. 77 N. • Suite #100 • Waxahachie, TX 75165 • (972) 937-4433 • Fax (972) 937-4525

PATIENT INFORMATION:

Name: First_____ MI_____ Last_____

Address:_____ Apt.#_____ City:_____

State:_____ Zip Code:_____ Phone: Home _____ Cell:_____

Sex: F____ M____ Marital Status: Single____ Married____ Divorced____ Widowed_____ DOB:_____

SSN:_____ Employer:_____ Phone:_____

Primary Care Doctor:_____ Phone:_____

Preferred Pharmacy:_____ Phone:_____

Emergency Contact:_____ Relationship to patient: _____

Phone: _____ Pt Referred By: _____

GUARANTOR/BILLING INFORMATION:

Name: First_____ MI_____ Last_____

Address:_____ City_____ St_____ Zip_____

Phone:_____ Relationship to patient:_____

INSURANCE INFOMATION:

Primary Insurance Co:_____ ID#:_____

Group#_____ Cardholder Name:_____ DOB:_____

Employer Name:_____ Relationship to Patient:_____

Secondary Insurance Co:_____ ID#_____

Group #_____ Cardholder Name:_____ DOB:_____

Employer Name:_____ Relationship to Patient:_____

X_____ Date:_____

SIGNATURE (Patient, or if minor parent or legal guardian)