



**PADEN EYE CARE CENTER**  
Setting the standard for innovative eye care since 1986

Tel: (541) 776-9026  
(877) 485-3329

221 Stewart Avenue, Suite 110 • Medford, OR 97501  
(On Stewart Avenue near Riverside/South Pacific Highway)  
Fax: (541) 776-9096 • www.PadenEyeCare.com

## PATIENT REGISTRATION

Patient's Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Mobile (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Sex: M / F Birth Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Married / Widowed / Single / Student ODL # \_\_\_\_\_

Spouse / Guardian Name \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Family Physician \_\_\_\_\_

Referring Physician \_\_\_\_\_

Is this a work related injury / automobile accident? \_\_\_\_\_

Date of injury / accident \_\_\_\_\_

Are you in Hospice care or in a Skilled Nursing Facility **Yes OR No**

### Insurance subscriber information

Primary Insurance Name \_\_\_\_\_

Insured Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Employer \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

Secondary Insurance \_\_\_\_\_

Any vision insurance such as VSP or Eyemed? **Yes OR No** Policy ID # \_\_\_\_\_

### How did you hear about us?

Please circle: Yellow Pages / Study / Radio / Newspaper / Seminar / Insurance List / Other /

Referring Friend or Relative's Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_