PLAZA VISION CENTER
ADVANCED EYE CARE SPECIALISTS

Tell Us About You!

Please take a few moments to fill out the following information. Just type in the information in the grey boxes. To advance to the next box, hit the "Tab" key. If you e-mail it to Plaza Vision Center in advance, then we can prepare your patient record ahead of time. We value your time, and we want to make your examination as efficient as possible. Thank You!

Please Fill in this Information About the Patient to Be Seen									
First Name									
Middle Name									
Last Name									
Name Preference (Nick Name)									
Salutation	■ Mr. ☐ Ms. ☐ Mrs. ☐ Miss ☐ Dr. ☐ Father ☐ Reverend								
Sex	■ Male ☐ Female								
Date of Birth	Month		Day		Year		Age		
Social Security Number									
Driver's License Number	State		Number						
Address ■Home ☐Work					Apt. #				
City									
State									
Zip									
Home Telephone	Area Code		Number						
Work Telephone	Area Code		Number		Extension				
Cellular Telephone	Area Code		Number		Extension				
E-Mail Address	@								
Occupation									
Employer									
How Did You Find Us?	☐ Location ☐ Vision Plan ☐ Web Site ☐ Yellow Pages ☐ Mailings ☐ Referral								
Who Referred You?									
Previous Eye Doctor									
Current Physician									
Marital Status	■ Single ☐ Married ☐ Divorced ☐ Widowed								
Spouse / Partner Name									
Children' Name		Age				Age			
		Age				Age			
Hobbies									

Plaza Vision Center • 600 North Pearl Street, Suite G-204 • Dallas, Texas 75201-7492
Voice: 214.214.969.0467 • Facsimile: 214.969.0468 • E-Mail: www.drnewman.com