



Pine Bush Eye Associates

Richard H. Pagan, OD

Julie A. Pagan, OD

70 Main St.

PO Box 949

Pine Bush, NY 12566

PHONE: (845) 744-2003

FAX: (845) 744-6260

Welcome To Our Office

Patient Name (Mr /Miss /Mrs) _____ Date _____

(Please Print)

Mailing Address

Street _____ Apt. _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

Sex (*circle one*): Male Female Age _____ Date of Birth _____

SS# _____ Occupation (or school grade) _____

Employer _____

If under age 18 please list name, and phone number of parent(s) or legal guardian

Name _____ Phone # _____

<p>Whom may we thank for referring you? Person's Name _____</p> <p>How did you here about us? <i>Check one</i></p> <p>Yellow Pages <input type="checkbox"/></p> <p>Newspaper <input type="checkbox"/></p> <p>Insurance/Union Plan <input type="checkbox"/></p> <p>Other (please specify) _____</p> <p>Please check your preferred method of payment</p> <p><input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Credit Card</p>	<p>List other Family Members. If they are a patient here, please put a check next to their name(s).</p> <p>Name of Spouse _____ <input type="checkbox"/></p> <p>Name of Children _____ <input type="checkbox"/></p> <p>Age _____ <input type="checkbox"/></p> <p>Age _____ <input type="checkbox"/></p> <p>Age _____ <input type="checkbox"/></p> <p>Age _____ <input type="checkbox"/></p>
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