

Four Corners EyeCare  
7 North Main Street  
Honeoye Falls, NY 14472  
(585)624-2585

## Patient Information

**Name:** \_\_\_\_\_ **Date of Birth** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Today's Date** \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle

**Address:** \_\_\_\_\_  
Street City State Zip  
Home Phone Cell Phone  
( ) ( )

**Email:** \_\_\_\_\_@\_\_\_\_\_.COM

**Primary Care Physician:** \_\_\_\_\_  
Name City

**Employer/Occupation:** \_\_\_\_\_  
Name City

WERE YOU REFERRED TO THIS OFFICE? YES\_\_\_ NO\_\_\_

IF SO, WHOM MAY WE THANK? \_\_\_\_\_OR  
YELLOW PAGES WEBSITE PENNYSAVER SIGN IN WINDOW

Please check here if you wear: CONTACT LENSES? YES\_\_\_ NO\_\_\_ &/OR GLASSES? YES\_\_\_ NO\_\_\_

**INSURANCE COVERAGE?** Medical? YES\_\_\_ NO\_\_\_ Vision? YES\_\_\_ NO\_\_\_ If Yes, check  
BLUE CHOICE MVP BLUE CROSS VSP EYEMED/COLE MEDICAID MEDICARE  
IF OTHER \_\_\_\_\_

**We accept these methods of payments:**  
**CASH - CHECK - MASTERCARD/VISA/DISCOVER - HMO'S - MOST OTHERS**