

**Holt Eye Care
New Patient Form**

***Patient information:**

Name: _____ DOB: _____
Home Phone _____ Mobile: _____ Text: yes or no
Address (including city/state/zip code) _____

***Your Email:** is only used for in office professional purposes only, such as; recall and confirming appointments. *It will never be shared with any outside persons or sources.*

Email address: _____

***Whom may we thank for referring you?** _____

***Medical Release/Authorization (ex: the name of your spouse/significant other/or a parent)**

I give _____ permission for Holt Eye Care to communicate with them regarding my Vision treatment or any question regarding billing, and/or my appointments and authorized them to pick up any materials such as glasses and contact lenses**

***Vision Insurance:**

Name of Ins. Company: _____ ID/Member# _____
Policyholder Name: _____ DOB: _____
Relationship to Patient: _____ Employer: _____

***Medical Insurance:**

Name of Ins. Company: _____ ID/Member# _____
Policyholder Name: _____ DOB: _____
Relationship to Patient: _____ Employer: _____

****Retinal Exam:** As part of your comprehensive exam the doctor needs to look at the back of your eye (retina). The only way to see your retina is through using eye drops to dilate your pupil OR by taking a digital image of the back of your eye, using the Optomap. There are some medical conditions that even after doing the Optomap the doctor may still feel it necessary to dilate your eyes. Please choose only one. However, you always have the option to decline it.

***Optomap:**

The Optomap is highly recommended by Dr. Holt. The Optomap is a digital image (photo) of the retina. Macular degeneration, glaucoma, and diabetic retinopathy can now be seen **without** dilation for most patients. **The fee is \$33 and is not covered by insurance.**

For Optomap initial here: _____

OR

***Dilation:**

If you decline the optomap, Dr Holt will examine your retina with the aid of dilation drops. This is included in your exam at no extra charge. These drops will cause temporary light sensitivity and blurred vision lasting 3 to 4 hours making it difficult to focus on **close objects**.

For Dilation initial here: _____

