

Please complete  
and present at  
the time of your  
consultation.

THE **COLUMBUS LASER & VISION** INSTITUTE  
*Welcome to our office!*

Please **PRINT** your information on the attached forms in **BLACK INK** – the second form has **TWO SIDES**.

LAST: \_\_\_\_\_ FIRST: \_\_\_\_\_ MI: \_\_\_\_\_ D M S W  
(please circle one)

ADDRESS: \_\_\_\_\_  
Street Address Apt / Lot #  
City ST ZIP

PHONE #s: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ (x \_\_\_\_\_ )  
(A C) ### - #### (A C) ### - #### (EXT)

If applicable: CELL: \_\_\_\_\_ Email: \_\_\_\_\_  
(A C) ### - ####

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
MM/DD/YYYY

**EMERGENCY CONTACT:** \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ Spouse  
First & Last Name \_\_\_\_\_ Child \_\_\_\_\_ Parent \_\_\_\_\_ Other \*

HOME#: \_\_\_\_\_ WORK#: \_\_\_\_\_ (x \_\_\_\_\_ ) \*  
(A C) ### - #### (A C) ### - #### (EXT)

ADDRESS: \_\_\_\_\_  
Street, State, ZIP Code

**FAMILY DOCTOR:** \_\_\_\_\_ PHONE: \_\_\_\_\_  
Doctor's / Practice Name (A C) ### - ####

ADDRESS: \_\_\_\_\_  
Street, State, ZIP Code

**EMPLOYER:** \_\_\_\_\_ PHONE: \_\_\_\_\_  
Name (A C) ### - ####

ADDRESS: \_\_\_\_\_  
Street, State, ZIP Code

**OCCUPATION:** \_\_\_\_\_

**HOBBIES:** \_\_\_\_\_

How did you hear about Columbus Laser & Vision: \_\_\_\_\_

*Thank You!*