



Eye Care for the Adirondacks

450 Margaret Street Plattsburgh, NY 12901 Phone (518) 566-2020 Fax (518) 566-8211

DATE: _____

An appointment has been scheduled for: _____

on: _____ at: _____

with: _____

To help in the registration process, please complete the enclosed patient information form. Also, please read and sign the Authorization for Payment form. We ask that you bring these forms to the office on the day of your appointment.

In addition, please bring the following:

- **Insurance card and referral from your primary care physician, if required.**
- **Co-payments are due at the time of exam.**
- **Any type of photo identification**
- **List of medications and dosages.**
- **Prescription Eye Glasses.**
- **Contact Lens Patients: please wear contacts in and bring previous contact prescription.**

***** Please Arrive 15 Minutes Early*****

You will need transportation in case dilation drops are administered. These drops can make your eyes light sensitive and your vision blurry. Therefore, if you have sunglasses, please bring them along. If necessary, we do have disposable sunglasses available for you. Your appointment will take about 1-1/2 to 2 hours.

Please contact our office at (518) 566-2020 or Toll Free (800) 272-1003 with any questions you may have.

Thank you for choosing Eye Care *for the* Adirondacks for your eye care needs.