

PATIENT REGISTRATION FORM

The Eye MDs

George, Strickler & Lazer, PLLC

Parkersburg, WV • Marietta, OH • New Martinsville, WV

Patient Information

First Name _____ M.I. _____ Last Name _____

Street Address _____ P.O. Box _____

City _____ State _____ Zip Code _____ Social Security # _____

Home Phone _____ Work Phone _____ Date of Birth _____

Employment Information

Employer _____ Retired? Yes No

Employer's Address _____

Spouse/Guardian Information [If guardian, relationship to patient: Mother Father Other _____]

Primary Insurance _____ Policy # _____

Address _____ Group # _____

Subscriber Name _____

Secondary Insurance _____ Policy # _____

Address _____ Group # _____

Subscriber Name _____

Emergency Contact Name _____ Phone _____

Our doctors established the Physicians Outpatient Surgery Center, LLC for the convenience of our patients who require surgery and thus have a financial interest in this surgery facility.

Patient's Signature _____ Date _____