



Welcome To Our Office

PLEASE PRESENT INSURANCE CARD TO RECEPTIONIST

Ashley H. Risner, O.D.
Gerardo Saldaña Jr., O.D.
Melanie G. Rushing, O.D.

Date _____

Patient Name _____ **DOB** _____

Patient SS# _____

Local Address _____ **Apt #** _____

City _____ **State** _____ **Zip** _____

Permanent Address _____

City _____ **State** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____

Email Address _____

Employer _____ **Phone** _____

Occupation _____

Name of Spouse _____

Spouse's Employer _____ **Phone** _____

If Child, Name of Parents _____

Who may we thank for referring you to us? _____

Who will be responsible for your account? Self Spouse Mother Father Other

If not self, Name _____ **DOB** _____

SS# _____

We make every effort to keep down the cost of your medical care. Your cooperation by paying for services when they are rendered is appreciated. Payments may be made by cash, check, Master Card, Visa, Discover and American Express.



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