

**West Linn Vision Center
WELCOME TO OUR OFFICE**

Patient Information

Last: _____ First: _____ MI _____

Preferred Name: _____ Date of Birth: _____ Sex: M F SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (h) _____ (w) _____ (c) _____

Emergency Contact: _____ Phone: _____

Person Responsible for Account: _____

Insurance Information

Primary Vision: _____ Primary Medical: _____

ID # _____ ID # _____

Guarantor Name _____ Guarantor Name: _____

D.O.B. _____ D.O.B. _____

Employer: _____ Employer: _____

Signature: _____ Date: _____

New Patients Only:

Who may we thank for referring you to our office?

Name of friend, relative, or another Doctor? _____

If not referred, how did you choose our office?

- Insurance List _____
- Saw Sign / Building _____
- Newspaper / Radio / TV _____
- Yellow Pages: Which directory? _____
- Web Page: Which Website? _____
- Other: _____

**Tigard, Murray Scholls, and West Linn Vision Centers are family owned and operated,
offering over 50 years of vision care expertise.**

- We believe in building a personal relationship with each patient, providing the best possible experience from check-in to check-out.
- We strive to educate every patient about their eyes, arming them with the knowledge to maintain good eye health and optimum vision.
- Our doctors utilize state-of-the-art instrumentation to prevent, detect and monitor a variety of ocular diseases, ensuring the best quality eye care for all patients.
- Our commitment is to provide a lifetime of expert eye care to each and every patient.