



Kansas Eye Surgery Associates, PC
24 Century Hill Drive Suite 001, Latham, NY 12110
Phone: 690-2015 Fax: 690-0353
www.drpeterkansas.com

**PLEASE COMPLETE & RETURN TO OFFICE WITH YOUR INSURANCE CARDS
DO YOU HAVE YOUR INSURANCE REFERRAL?**

Mr/Mrs/Ms Last First MI

Address:

Home phone: Work phone:

Date of birth: Age:

How did you hear about Kansas Eye Surgery Associates? Please identify:

Newspaper Friend Other

Employer/Occupation

In case of an emergency contact: Phone #:

Primary Medical Doctor's Name

Did a Physician refer you to us? Dr.'s Name

Primary Insurance

Secondary Insurance

Insurance Card Holder's Name, Date of Birth, and Soc Sec # (if different than patient)

Do you wear contact lenses, glasses or have implants in either eye?

Where did you purchase your last pair of glasses or contacts?

Are you diabetic? Insulin Non-Insulin Diet Controlled

What problem brings you in today?



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Please list ALL your allergies, including medications:

Please list all current medications:

Have you ever taken Coumadin, Plavix or Flomax in the past?

I hereby give authorization to prescribe and designate each service as required.

Signature

Date

Thank You.