

Patient Information Form

June 19, 2025

Last Name:	Kraft	First Name:	Cheese
Sex:	M	Date of Birth:	1/19/2015
Patient ID:	4444	Appointment:	6/19/2025, 12:46:00 AM
Visit Reason:	bad eyesight	Last Visit:	1/15/2025
Overdue Charges:	\$0		

Medical Services

- | | |
|--|---|
| <input type="checkbox"/> UV coating on glasses | <input checked="" type="checkbox"/> Eye exam |
| <input checked="" type="checkbox"/> Contact lens fitting | <input checked="" type="checkbox"/> Retinal screening |
| <input type="checkbox"/> Glaucoma testing | <input type="checkbox"/> Frame selection/adjustment |

Additional Notes

Visit again in 5 months
May need frames. Check insurance for frame coverage.