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Returning Patient Easy Update Form

Patient Name: _____ Date of Birth: _____ Today's Date: _____

Please Review Your Last Patient Information Form, are there any changes to:
(Please write "NO" if no changes)

1. Your Address _____
2. Your Phone Number _____
3. Your Insurance _____
4. Your Medical History _____
5. Your Medications _____

Reason for today's visit: _____

DILATED EYE EXAMINATION: This testing is the most effective way to evaluate the internal health of the eyes. We strongly recommend this test to all of our patients. The dilated eye exam is covered by many, but not all insurances.

PLEASE CHECK ONE: _____ I ACCEPT DILATION _____ I DECLINE THIS TEST

VISUAL FIELD TEST: A procedure that tests central and peripheral (side) vision. This test takes about 5 minutes and aids in diagnosis of conditions such as glaucoma, retinal detachments, brain tumors, strokes, etc. This test is strongly recommended if you or any family members have any of the conditions mentioned.

PLEASE CHECK ONE: _____ I ACCEPT VISUAL FIELD _____ I DECLINE THIS TEST

I have reviewed patient information forms, dilated eye exam, visual field, authorization and assignment, and HIPPA forms from previous visits and made any changes above.

SIGN NAME: _____