

Thank you for choosing Cheyne Eye Center for your Eye Health Exam. Please complete the enclosed paperwork and bring it with you to your appointment on _____ at _____ am pm. If you prefer, you may fax it back to us at (817) 573-5640 before your appointment.

1. On the Welcome Form, please verify the top information and answer the yes and no questions.
2. On the Medication Sheet, please list any drug allergies, any prescription and over the counter medications that you are taking, and, any eye drops that you are currently using.
3. Please read, sign, and date the Consent to Disclose Health Information (HIPPA Privacy) form. If the patient is a minor, a parent or guardian signature is required on the patient signature line. Please mark the relationship to the patient.
4. Please read the Optomap consent form and sign to either accept or decline the test.

If you are more than 15 minutes late, you may be asked to reschedule your appointment.

If you have any questions, please call us at (817) 573-7153. We look forward to seeing you.

CHEYNE EYE CENTER
223 South Morgan
Granbury, TX 76048