

Covid-19 Updated Entrance Form

We hope you are feeling well and staying healthy. However, if you have any signs or symptoms of Covid-19 illness (cough, shortness of breath, difficulty breathing or 2 of the following: chills, shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, and red eye or eyes), have tested positive for COVID-19, or are living with or have been recently exposed to people with signs or symptoms of illness, please reschedule your appointment for a later date.

If you are using any medical or vision insurance for your visit or eyewear supplies (glasses or contact lenses), please make sure we have your insurance information ahead of time so we can confirm your eligibility and learn your benefits.

To keep everyone safe, please wear a mask when you enter our office, and use the hand sanitizer at the front desk. Patients should come in alone, and companions should remain outside unless they are a parent/guardian of the patient or if they are a true caregiver and need to assist the patient. We are scheduling patients farther apart to minimize the number of people in the office and maintain social distancing. We are sanitizing everything every patient touches in the office, so please do not browse about touching things. If you will be trying on spectacle frames, we will place every frame you touch in a tray and sanitize them after you have chosen one.

Please complete the following:

N

ame	Date
Main reason for visit today:	
Current medications and dosages:	
Have you been to any other eye care professional since your last vi Do you need to order new glasses or contact lenses? Do you need a refill on any medications we prescribe for you?	sit here?