

Tigard Vision Center WELCOME TO OUR OFFICE

Patient Information

Last: _____ First: _____ MI _____

Date of Birth: _____ Age: _____ Sex: M F Patient's SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: (h) _____ (w) _____ (c) _____

Emergency Contact: _____ Phone: _____

Person Responsible for Account: _____

Insurance Information

Primary Vision: _____ Primary Medical: _____

ID # _____ ID # _____

Guarantor Name _____ Guarantor Name: _____

D.O.B. _____ D.O.B. _____

Employer: _____ Employer: _____

1st Visit Signature: _____ Date: _____

2nd Visit Signature: _____ Date: _____

3rd Visit Signature: _____ Date: _____

4th Visit Signature: _____ Date: _____

5th Visit Signature: _____ Date: _____

6th Visit Signature: _____ Date: _____

New Patients Only!

Who may we thank for referring you to our office?

Name of friend or relative? _____

If not referred, how did you choose our office?

Another Doctor

Insurance List

Saw Sign / Building

Newspaper / Radio / TV

Yellow Pages: Which directory? _____

Web Page: Which Website? _____

Other: _____

Tigard and Murray Scholls Vision Centers are family owned and operated, offering over 50 years of vision care expertise.

- We believe in building a personal relationship with each patient, providing the best possible experience from check-in to check-out.
- We strive to educate every patient about their eyes, arming them with the knowledge to maintain good eye health and optimum vision.
- Our doctors utilize state-of-the-art instrumentation to prevent, detect and monitor a variety of ocular diseases, ensuring the best quality eye care for all patients.
- Our commitment is to provide a lifetime of expert eye care to each and every patient.