

Welcome to Bernitsky Vision/TLC Laser Eye Centers!



First: _____ Last: _____ (M.I.): _____ Preferred Name: _____
Date of Birth: Month _____ Day _____ Year _____ Age: _____ Male Female
Address: _____ Today's Date: _____
City: _____ State: _____ Zip Code: _____
Cell/Home #: _____ Email: _____
Occupation: _____ Employer: _____ Work #: _____
Emergency contact: _____ Relationship: _____ Their phone#: _____

Who is Your Eye Doctor ? _____ Location: _____
Approx. Date of Last Exam: _____
Did your Eye Doctor talk to you about a vision procedure? Yes No Did they refer you to us? Yes No
Medical Insurance Provider: _____ Vision Insurance Provider: _____

Health insurance card must be photocopied. Please bring to reception desk when returning this form.

A consultation visit to Bernitsky Vision/TLC; to find out if you are a Lasik candidate is a free consultation, it does not constitute a full eye examination. If you are wanting a full eye examination the charge is \$185.00

We do not contract with any vision plans for eye exams.

Prior vision correction is considered a second opinion and a fee of \$185.00 is taken at time of service.

Lasik or any other elective cosmetic surgery is not covered by insurance. Vision plan members receive a discount only toward Lasik/PRK.

To better understand your vision needs, please answer the following:

How long have you been considering refractive surgery? _____

What is your motivation for seeking refractive surgery? _____

Hobbies / Sports / etc. _____

How soon might you want your vision treatment? ASAP in the next few months within a year next year

Anything else we should know? _____