

## RETINA CARE SPECIALISTS

Patient name: \_\_\_\_\_

email: \_\_\_\_\_

**CIRCLE ONE:** I have / have not been vaccinated for **influenza** this season: year \_\_\_\_\_

**CIRCLE ONE:** I have / have not been previously vaccinated for **pneumonia**.

\_\_\_ I hereby authorize the above-mentioned medical practice to contact me by telephone and if I am not available, they may leave a message on my answering machine.

\_\_\_ **DO NOT** leave a message on my answering machine other than the name of the caller and telephone number.

### EMERGENCY CONTACTS/OTHER CONTACT INFORMATION

The following people should be contacted in the event of a medical emergency and are authorized to discuss my medical condition or billing information with the healthcare professionals in this practice.

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Contact number:** \_\_\_\_\_

### RELEASE OF INFORMATION

I hereby authorize any doctor, hospital or medical facility to release records to Retina Care Specialists - Drs. Mark Michels, Adrian Laviña, Paul Gallogly and Philip Laird. I authorize Retina Care Specialists to import/access a current list of my prescribed medications from the Surescripts national database into my electronic medical record .

**Patient signature:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_