

**Precision Eye Care - Updated Patient Info**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot#: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Can we send you text reminders/ notifications? YES or NO

E-Mail Address: \_\_\_\_\_ (We **will not** send you junk mail)

Marital Status: \_\_\_\_\_ Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Choose One of the following:

- I do **NOT** take any Medications
- I will **PRESENT** my Medication List
- Medication updates \_\_\_\_\_

\_\_\_\_\_