H & H OPTICAL & HEARING CENTRE

50- 3rd Avenue East, P.O. Box 1508 Drumheller, Alberta T0J 0Y0
Telephone: (403) 823-2020 Fax: (403) 823-2105
E-mail: hhopti@telus.net Website: www.handhdrumheller.com

Date: _____ / _____ / _____
Year Month Day

Patient Information

Last Name:	First Name:		Middle Initial: (Optional)
Alternate Name:	Title:	Date Of Birth: _____ / _____ / _____ Year Month Day	Gender:
AHC #:			Date Of Last Eye Exam: _____ / _____ / _____ Year Month Day
Phone (Primary) :	Phone (Secondary):	Email:	

Mailing Address

Address:		
City:	Province:	Postal Code:

Insurance Information

Insurer:	Policy / Group Number:	Member / Certificate ID:
Plan Name:	Alternate First Name:	Alternate Last Name:
Dependent Coverage? Y / N	Relationship To Primary:	Dependent Number:
Primary Insurance Holders Date Of Birth : _____ / _____ / _____ Year Month Day		

Insurer:	Policy / Group Number:	Member / Certificate ID:
Plan Name:	Alternate First Name:	Alternate Last Name:
Dependent Coverage? Y / N	Relationship To Primary:	Dependent Number:
Primary Insurance Holders Date Of Birth : _____ / _____ / _____ Year Month Day		

Name: _____ Date: _____

Medications: Allergies:

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History of Eye/ Medical Conditions:

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Update:_____

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