



SouthEast Eye Physicians & Surgeons

SouthEast Eye, S.C.
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Patient Demographics

Last Name:	First Name:	Middle Initial:
Home Phone Number:	Work Phone Number:	Cell Phone Number:
Street Address:	City:	State & Zip Code
Sex:	Primary Care Physician:	Race:
Social Security Number:	Preferred Language:	Smoking: Yes / No
Okay to leave VM: Yes / No Okay to text message: Yes / No	Date Of Birth:	Marital Status:
Current Employment Status: Yes / No / Retired	Employer:	Job Title:
Referring Physician:	Emergency Contact with Phone #:	E-mail:

ATTENTION PATIENTS: ALL DEDUCTIBLES AND COPAY AMOUNTS ARE DUE AT THE TIME OF SERVICE. WE ACCEPT VISA, MASTERCARD, DISCOVER, PERSONAL CHECKS, AND CASH