## WELCOME TO THE OFFICE OF RICHARD L. SILVER, O.D. AND RANDY TAKETA, O.D.,F.A.A.O.

To help us better serve	you, please complete the	following:	DATE:_	
NAME			MARIT	AL STATUS: S M D W D
LAST	FIRST	MIDDLE		
ADDRESS:				
	STREET		CITY	ZIP CODE
E-MAIL ADDRESS				
SOCIAL SECURITY #	<u> </u>	DRIV	ERS LICENS	E#
BIRTHDATE:	AGE: OCCUPATION:			
HOME PH. #	WK PH. <del>1</del>	#	CELL PI	H. #
EMPLOYER:		WORK ADD	RESS:	
SPOUSE:	SPOUSE EMPLOYER:			
SPOUSE WORK ADD	RK ADDRESS:SPOUSE WK PH. #			Н. #
SPOUSE SOCIAL SECURITY # DRIVERS LICENSE #				ENSE #
REPONSIBLE PARTY	FOR PAYMENT:			
GENERAL FAMILY DOCTOR:		DATE LAST SEEN:		
WHOM MAY WE THA	ANK FOR REFERRING	YOU?		
	D OF PAYMENT: (PLE ( ) MC / VISA		E)	
	R OF ANY OF THE FOL PLAN (VSP) ( ) REFERRED PLAN			
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and is not a substitute for pay a percentage of the balances not paid for by	or payment. Some compar charge. It is your respons	nies pay fixed allov sibility to pay any d	vances for certa	for fees paid to the doctor ain procedures, and other ant, co-insurance, or other
	ROL YOUR COST OF B AID AT THE CONCLUS			OUR CHARGES FOR
of portions of the patier which I am entitled incl RICHARD L. SILVER This assignment will re considered as valid as a not paid by said insuran	nts record. I hereby assign luding medicare, private in , O.D. AND RANDY TA main in effect until revok un original. I understand t	a all medical benefit nsurance, and other .KETA, O.D.,F.A.A ed by me in writing hat I am financially	ss, to include me health plans to A.O. g. A photocopy responsible for	of this assignment is to be or all charges whether or
Thereby authorize salu	assignee to release an init	ormation necessary	to secure payr	nont.
SIGNED		Ī	DATE	