Bossier Family Eye Care
Christine K. Pastilong, O.D.
1519-1 Doctors Drive
Bossier City, LA 71111
Office #: 318-747-0302
Fax: 318-747-2742

Bossier Family eye care

PATIENT PAPERWORK

Full Name: _____ Birthdate: _____

Address: _____ Social Security# : _____

City/State/Zip: _____ Home # : _____

Email: _____ Cell # : _____

Occupation: _____ Work # : _____

Marital Status: Single/Married/Divorced/Widowed Sex: Male or Female

Preferred Language: _____

How did you hear about us? Phone Book___ Web___ Insurance___

Other_____ Patient (please list them so we can thank you both) _____

Check to receive: ___Email ___Texts (about appointments/glasses/contacts)

Race: Please check all that apply **Ethnicity: Please check (only one please)**

Black or African American		Hispanic or Latino	
White		Not Hispanic or Latino	
American Indian or Alaska Native			
Asian			
Native Hawaiian/Other Pacific Island			
		Do not want to specify	

Person Responsible for Account (if the patient is a minor)

Full Name _____

Relation to Patient _____ DOB _____ SS#_____

Full Address (if different from patient) _____

Phone _____

Insurance Policy Holder Information (if other than patient)

Full Name _____

Relation to Patient _____ DOB _____ SS# _____

Full Address (if different from patient) _____ Phone Number_____

***Insurance Provider Name:**_____ ***Member ID Number**: _____

Signature of patient or legal representative _____

Date _____

LIKE US and CHECK IN on FACEBOOK!

07/23/20