

Drs. David J. Weigel, O.D., Carol A. Lohmueller, O.D., Eric D. Weigel, O.D.

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812-663-2480

Date: _____

Daytime/Home Phone: (____)_____

Patient: _____

Cell Phone: (____)_____

OK to receive Text Messages: YES or NO

Street Address: _____

City: _____

State: _____

Zip: _____

Sex: M F

Date of Birth: _____

Social Security # _____

Single	Married	Widowed	Divorced	Separated
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Patient Employed by: _____

Occupation: _____

Primary Insured Name: _____

Date of Birth: ____/____/____

Social Security #: _____

Insured's Work: _____

Phone: (____) _____

Occupation: _____

In case of emergency, notify: _____

Phone: (____) _____

Preferred Language:

English	Spanish	French	Japanese
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Race:

American Indian Or Alaska Indian	Asian	Black or African American	Hispanic	Native Hawaiian or Other Pacific Island	White
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Ethnicity:

Hispanic or Latino	Native Hawaiian or other Pacific Island	Not Hispanic or Latino
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Communication Preference:

Email	Telephone	Postal
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Email Address: _____

HIPAA ... I have received a copy of the privacy notice.

Patient (print name) _____

Patient (signature) _____

Date: _____

You must be 18 or older to sign. If under the age of 17 legal guardian or parent must sign.