



Sue E. Lowe, O.D.  
Gary M. Poteet, O.D.  
Amy A. Lytle, O.D.

## Patient Registration

### Patient Information (please print)

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Name: \_\_\_\_\_  
Last First MI

Nickname: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Sex:  Male  Female

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Cell phone: (\_\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Preferred method for appointment reminders:  Text  Email

Marital status:  Single  Married  Other: \_\_\_\_\_

Social Security number: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Race: \_\_\_\_\_ Primary Language: \_\_\_\_\_

### Billing and Insurance Information

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Please present your medical and vision insurance cards to the front desk at check in.

Medical insurances we accept are Medicare, Medicaid, Blue Cross Blue Shield, Cigna, and United Healthcare.

Vision insurance we accept is VSP.