

**Dr. Les A. Shipley**  
**Dr. Margot A. Shipley**  
**Dr. Nicole J. Wood**  
**Optometrists**  
**Laservue Eyecenter Associates**

WELCOME TO OUR OFFICE

Please fill out the following information for our records. Thank you

Ms., Mrs., Miss

Dr.

Spouse name if married

Mr.

Parent's name if child

Patient's name

Social Security Number of **Insured Person**

Address:

Home phone

City:

Zip:

Work phone

Email:

Occupation:

Employer:

Birthdate:

Referred by:

Date of last exam:

Dr./town:

Type of care required:

Hobbies or special interests:

(important in determining any specific visual requirements)

If patient is a child: Grade:

School/Teacher

**Medical Insurance may cover some tests. Please show card to receptionist.**

**SPECIAL INCENTIVE:** Materials paid for at the time of service receive a 20% courtesy discount. Exceptions may be made for certain insurance plans.

***Services that our office provides***

**Eye Exams:** Adult and children

**Eye Glasses:** All types of lenses including specialty lenses for activities such as shooting, fishing, diving, and others.

**Computer Glasses:** Glasses for the computer to reduce tired or fatigued eyes

**Eyeglass frames:** Wide variety with special emphasis on fashion.

**Contact Lenses:** All types ranging from daily wear to disposable with special expertise in fitting difficult types such as bifocal contacts, torics, & colors.

**Advanced Laser Vision Correction:** Eliminates the need for glasses.