The Medical Eye Center

Gagan J. Singh, M.D.

If you are a <u>NEW PATIENT</u>, please have your insurance cards ready.

We will need you to fill out a

PATIENT INFORMATION FORM, MEDICAL HISTORY FORM, &

HIPPA FORM

If you have a list of medications, please give this to the assistant for copying. Thank youl

AUGUST , 2014

PATIENT SIGN IN SHEET

NAME	APPT. TIME	NEW PATIENT?	ADD / INSUR. CHANGE?	REFERRING DOCTOR