

Gregory J	J. Kent,	M.D.
Sandra J. Hu	fsmith,	M.D.

Drew C. Dayton, O.D. Justin Denison, O.D.

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		nformation				
Last Name	First Name	Middle Initial	Nickname/AKA			
Date of Birth	SSN	Gender	Male	Female	Э	
Marital Status Married	Single Divorced Widowe	ed Primary Language	:			
Race American Indian/Alas	kan Native Asian Black/African Ame	rican 🔲 Native Hawaiian/Pacifi	c Islander	White Hispa	anic 🗌 Of	ther
Mailing Address	City	State	Zip Co	de		
Home Phone	Cell Phone	Work Phone		Other		
Email Address	Employer	On		ou hear ab hily/Friend		Other
Father's Name & Phone: (If patient is less than 18 years of		others: Name & Phone: patient is less than 18 years of	age)			
Account	Responsible (Person Res	sonsible for Paymer	nt) Same	as above		
Last Name	First Name	Middle	Initial	Nickname	e/AKA	
Date of Birth	SSN	Gender	Male	Female	Э	
Mailing Address	City	Sta	ate	Zip Code		
Home Phone	Cell Phone	Work Phone		Other		
Email Address		Employer				
	Insurance	Information				
Medical Insurance	Policy/Mer	nber #	Group #			
Policy Holder	DOB	Re	Relation to Patient			
Secondary	Po	blicy/Member #	ember # Group#			
Policy Holder	DOB	Re	Relation to Patient			
Vision Insurance	ID#	Policy Holo	der	Policy Ho	older DO	B

Primary Care Physician

Office Number

Other Information

Emergency Contact Name

Phone Number

Are you interested in KAMRA and/or LASIK? (Circle one or both)

Ask us about both!

Referring Physician