



Vision Correction Center Assessment Request

If you would like to be contacted to book a preoperative assessment or to schedule tentative plans for surgery, complete this form and give to a Solomon Eye Associates representative or mail: Solomon Eye associates, 14999 Health Center Drive, Suite 101, Greenbelt, Maryland 20770.

Date: _____

Title: Dr. Mr. Mrs. Ms.

Name: _____ Date Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Contact me at: Home / Work

Social Security Number: _____

How did you hear about Solomon Eye Physicians & Surgeons?

Newspaper / Radio / Internet / Eye Doctor / Friend/Family / Other: _____

Have you attended one of our seminars? Yes No

Occupation/type of work? _____

List your activities/hobbies:

Recent prescription for your glasses/contact lenses:

Right eye (OD): _____ Left eye (OS): _____

Has your prescription been stable for the last year? Yes No

If you are a contact lens wearer, what type do you wear? Hard / Soft / Gas Permeable

How many years have you been wearing contact lenses? _____

Have you ever been diagnosed with an eye disease? No Yes: _____

Have you ever had eye surgery? No Yes: _____

List any known health problems:

Are you on any medications? No Yes: _____

Do you have any allergies to medication? No Yes: _____

Are you Pregnant / Nursing? Yes No

Who is your: Optometrist? _____ Ophthalmologist? _____

In case of emergency, notify: _____ Phone: _____

Medical Insurance carrier: _____

If you have any questions, please write them below.
