



Fairmont Eye Care, Inc.
Philip M. Wilmoth, O.D.
Martin W. Carpenter, O.D.

As a new patient to our practice, we would like to offer a warm welcome and thank you for choosing us to provide your eye care. In order for us to establish your file, we ask that you complete the following tasks and bring to your appointment.

- Completed Registration Form**
- Completed Medical and Eye Health History Questionnaire**
- Print, Sign and Date Notice of Privacy Statement**
- Complete Highlighted Area on Insurance Form**
- List of Current Medications**
- ALL Insurance Cards for Medical and Vision Insurance**

Your eyes will be dilated and you may want to arrange to have someone drive you to and from our office.

If you need a referral from your primary care physician, this needs to be obtained prior to your appointment date. We also ask that any co-pay be paid at the time of your appointment.

Again, thank you for trusting your visual well-being to Fairmont Eye Care, Inc. We look forward to seeing on:

If you need to reschedule or cancel your appointment, a 24 hour notification is appreciated.