

Kendall-Shepard Eye Center

Dear New Patient:

Date: _____

We are looking forward to seeing you for your appointment with us. Please select the doctor you have an appointment with or you wish to see:

- Dr. Peter Brudner
 - Dr. Randall Goodman
 - Dr. Ken Kendall
 - Dr. Dan Shepard
 - Dr. Melinda Thompson
- _____

- Please complete the enclosed Personal Information and Health History Form.
- Bring a list of your current medications.
- Bring any glasses that you routinely use, and contact lens information (if using contact lenses).
- Please bring your medical or vision insurance card(s) with you.

This will allow the doctors to meet your healthcare needs and will minimize the waiting time before your appointment.

- If you are paying for your services and we will not be billing your medical or vision insurance, payment will be collected on the day of service.
- If your insurance plan requires you to obtain an authorization, please obtain this before coming to your appointment.
- If your insurance requires an office visit co-payment, or you have not met your deductible for the current year, payment will be collected on the day of service.

Thank you for your assistance. We look forward to seeing you at your appointment.

KENDALL-SHEPARD EYE CENTER
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