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Do you currently take any medications (prescription or over the counter) for	Uveitis (Iritis)						
ADD/ADHD  Allergy  Aspirin/Coumadin/Vitamin E  Anxiety/Depression  Birth Control Pills/Hormone Replacement  Diabetic Oral or Insulin  High blood pressure/cholesterol  Plaquinil/hydroxycholoroquine  Steroids (Prednisone)  Please list medications	Past eye surgery or trauma						
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Please list medication allergies							
Please list medication allergies	Please list medications						
	Please list medication allergies						
Please list any eye diseases in your family	riease list medication allergies						
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## **Veld Vision Center**

Name	Birth Date
Address	Phone
CityZip_	Email
SS#Occupati	ionlast eye exam
Insurance Carrier	
Member name of policy holder	Member Date of Birth
Person responsible for this bill	
How did you hear about us?	
Were you referred by anyone?	
HIPAA Notice of Privacy Practices	
I hereby acknowledge that a copy of made available to me.	the Notices of Privacy Practices of Veld Vision Center has been
Sign here	Date
Date of Address change	
Change of phone number	Date of phone number change
Change of email	Date of email change
Change in Insurance Carrier	Date
Member name of policy holder	Member Date of Birth
Person responsible for this bill	