

Perez Eye Care

www.perezeyecare.com

2252 W Cermak Rd
Chicago, IL 60608

25 E. Washington St., #820
Chicago, IL 60602

DILATION

The dilation is covered through your VISION insurance (VSP, Eyemed, Davis, etc) when it is performed on the same day as your routine vision exam.

You will be blurry at near and sensitive to bright lights for 4 to 6 hours.

Please circle if you will be dilated today: **YES** or **NO**

APPOINTMENT CANCELLATION OR NO SHOW POLICY

24 HOUR notice is needed to cancel an appointment

*\$25 fee for Saturday appointments

*Family of 3 or more \$25 fee per person

ALL ORDERS ARE FINAL

All orders are final and can not be returned, canceled or exchanged

Full payment is required for all orders

Problem with your order must be notified to Perez Eye Care 3 weeks of notification date

PERMISSION TO COLLECT MEDICATION HISTORY

By circling **YES** to this consent form, you are giving permission to collect information about your medication history, and it gives permission to your pharmacy and your health insurer to disclose your medication history.

Please circle **YES** or **NO**

Signature of Patient or Legal Guardian: _____

Print Patient Name: _____ Date _____

Email address: _____ Preferred Phone # _____