Vizionz LLC
70 Hancock Rd Route 202
Peterborough NH 03458
vizionzeyewear@gmail.com
(603) 213-3896

NEW PATIENT REGISTRATION

In order to provide you the best possible care, please complete this form and bring it to your first appointment. All information is strictly CONFIDENTIAL.

Contact Information

First Name_____ Address_____

Last Name_____ City_____

Daytime Phone_____ State_____

Mobile Phone_____ Zip_____

Email_____

Guardian Information (if patient under 18)

First Name_____ Address_____

Last Name_____ City_____

Daytime Phone_____ State_____

Mobile Phone_____ Zip_____

Email_____

Financial Assignment

I understand and agree that health/accident insurance policies are an arrangement between an insurance carrier and myself. I understand and agree that all services rendered to me and charged are my personal responsibility for timely payment. I understand that if I suspend or terminate my care/treatment, any fees for professional services rendered to me will be immediately due and payable.

Acknowledgement of Privacy Practices

- ○ Yes, I have read or had explained to me by this office the NPP & I wish to continue my care under said terms.
- ○ No, I have not read this office's NPP but I was given the opportunity to read it and declined. I wish to continue my care under said terms.
- ○ The NPP could not be read due to the emergent nature of the care needed.

I understand and agree to the above terms.

Signature_____ Date_____