



F. Mason Smith, O.D.  
966 Houston Northcutt Blvd., Suite D  
Mt. Pleasant, SC 29464



## Welcome to Our Office

Today's Date \_\_\_\_\_

Full Name (please print) \_\_\_\_\_

If a child, parent's name  
\_\_\_\_\_

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Wk # \_\_\_\_\_ Email \_\_\_\_\_

Birth date \_\_\_\_\_ M \_\_\_ F \_\_\_ SSN \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Spouse's Employer \_\_\_\_\_ Work # \_\_\_\_\_

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Medicare / Medicaid \_\_\_\_\_ Policy # \_\_\_\_\_

How did you find out about our office? \_\_\_\_\_

**ALL RETURNED CHECKS ARE SUBJECT TO A \$25 SERVICE FEE.**

I authorize release of any medical information necessary to provide the most beneficial and complete visual examination. I understand that I am financially responsible for all charges whether or not paid by insurance.

Signature \_\_\_\_\_ Date \_\_\_\_\_