



## TUSCARAWAS EYE CENTRE, INC.

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### **IMPORTANT**

PLEASE SEND FORMS  
BACK TO OFFICE  
**ONE (1) WEEK PRIOR**  
TO YOUR SCHEDULED  
APPOINTMENT OR  
YOUR APPOINTMENT  
WILL BE  
**RESCHEDULED**

Dear

Welcome to our practice!

You have recently been scheduled for an appointment in our office. You will be seeing Dr. Clemens on (Day) \_\_\_\_\_, (Date) \_\_\_\_\_, (Time) \_\_\_\_\_ a.m./p.m.

In order to expedite your upcoming visit we are attaching several forms (**front and back**) for you to complete. **Please mail back the completed forms in the enclosed prepaid envelope.**

Please bring your current **insurance cards** and a **photo ID** to your appointment.

**Please check your insurance to see if you have vision and/or medical coverage.**

If you should have any questions regarding any of the enclosed information or if we may be of further assistance, please do not hesitate to contact our office.

For the purpose of evaluation, your pupils may be dilated. This may result in blurred vision, making driving difficult. Please ask for assistance if your vision is affected.

**Please allow at least 90 minutes for your appointment.**

Your appointment is very important to us. Please notify us as early as possibly if you are unable to keep this appointment. There will be a charge of \$25 for a missed appointment if we do not receive a 24 hour notice to either cancel or reschedule the appointment.

Sincerely,  
Tuscarawas Eye Centre, Inc.

\*As a reminder: Children under the age of 18 **MUST** be accompanied by a parent or guardian in order to be evaluated and treated by the Doctor.