

Family Vision Care

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131 GA Hwy. 32 Bypass • Alma, GA 31510

Thank you for choosing Family Vision Care. We appreciate you and value your business. Please complete the front and back of this form. If you have any questions or concerns, please do not hesitate to ask for assistance.

New Patient Information			
First Name		Date of Birth	
Middle Name		Social Security #	
Last Name		Marital Status	
Suffix/Title		Employer	
Name You Prefer		Occupation	
Address			
City, State, & Zip Code			
Home Phone		Cell Phone	
Work Phone		Email	
Would you like to receive statements by email?			
Primary Care Physician		Pharmacy	
Favorite Hobbies			
Insured and/or Minor Information			
If the insured is different than the patient and/or the patient is a minor, please complete the following:			
Insured/Guardian Name			
Insured /Guardian Social Security #			
Insured/Guardian Date of Birth			
Emergency Contact Information			
Emergency Contact Name			
Emergency Phone #		Relationship	
Who may we thank for referring you?			

Please provide us with your current medical and vision insurance cards along with your ID.