AMY R. LACKEY, O.D.
6940 Lee Highway, Suite 108 ◆ Chattanooga, TN 37421
Phone: 423-892-4900 ◆ Fax: 423-855-1496

PATIENT UPDATE FORM

Today's Date: _____/_____/_____

Patient Name: _____ **Date of Birth:** _____/_____/_____

Mailing Address: _____
STREET APT NO CITY STATE ZIPCODE

Home Phone: (_____) _____- _____ **Cell Phone:** (_____) _____- _____ **Email:** _____

Best Way to Contact: _____

How would you like for us to remind you of an upcoming appointment? ❑ **Call** ❑ **Text** ❑ **Email**

What is your main reason for seeing Dr. Lackey today? _____

Has there been any change in your insurance? _____

CURRENT MEDICATIONS

Please list all prescription and non-prescription medications you take on a regular basis.

If you have a medication list, we can make a copy for you.

MEDICATION	DOSAGE	HOW OFTEN?

AUTHORIZATION TO RELEASE INFORMATION: I/We hereby authorize Amy R. Lackey, O.D. to release any medical or incidental information that may be necessary for medical benefit or in processing applications for financial benefit. This includes but is not limited to my insurance company, Rehabilitation Services, Social Security Administration, and Worker's Compensation.

CONSENT FOR TREATMENT: I/We authorize Amy R. Lackey, O.D. to administer diagnostic and medical procedures as may be necessary for proper health care.

OFFICE POLICY ON PAYMENT: I understand that I am responsible for payment of all charges. As a courtesy, my insurance will be billed for me. It is my responsibility to pay any deductible, co-pay, or any other balance not paid for by my insurance company. I authorize insurance benefits to be paid directly to the provider.

SIGNATURE: _____ **DATE:** _____/_____/ _____
PATIENT (OVER 18 YEARS) OR RESPONSIBLE PARTY