Vermont Laser Vision at Timber Lane
Gregory J. McCormick, M.D.
55 Timber Lane
South Burlington, VT 05403
(802) 864-2010 (Phone)
(802) 864-1218 (Fax)

LASIK PATIENT REGISTRATION FORM

Name: ______________________________ Date: __________

Address: ______________________________

City/State: ______________ County: ______________ Zip: __________

Home Phone: __________ Work Phone: __________ Cell Phone: __________
Preferred Phone #: ☐ Home ☐ Work ☐ Cell   Alternate Phone #: ☐ Home ☐ Work ☐ Cell

Email Address: ______________________________

Date of Birth: __________ SS#: ______________ ☐ Male ☐ Female
Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced

Occupation: ______________________ ☐ Full Time ☐ Part Time

Employer: ______________________________

Hobbies: ______________________________

How did you hear about us?
☐ Radio: ______________ ☐ Newspaper: ______________
☐ Friend/Relative – Name: ______________________
☐ Referring Physician – Name: ______________________
☐ Referring Eye Doctor – Name: ______________________
☐ Television: ______________________
☐ Other: ______________________

Current ophthalmologist/optometrist: ______________________

Primary Care Physician: ______________ Address: ______________
Medical Insurance: ______________ Policy # ______________

How long have you worn glasses? ______________________
Has you prescription been changing regularly? ☐ Yes ☐ No
Are You A Contact Lens Wearer? ☐ No ☐ Yes
☐ Soft ☐ Hard ☐ Gas Permeable ☐ Extended Wear
Total years worn: ______________ Last worn when? ______________

Have you ever worn lenses for monovision to help reading? ☐ Yes ☐ No

In Case of Emergency Notify: Name: ______________________
Phone: ______________________
Permission to discuss your health care with your emergency contact? ☐ Yes ☐ No