

PATIENT INFORMATION

Patients can access their secure patient portal on our website at [vision411.com/patient center](http://vision411.com/patient-center) (or directly at revolutionphr.com) where contact information, prescription information and invoices are available as well as a secure and confidential messaging system. The email you provide below will be your username. We will provide you with a temporary password.

name today's date
date of birth occupation/grade level
address
phone home work mobile/other
email

*** Please check the box next to your preferred method(s) of contact. More customization is available in the patient portal. ***

reason for visit
date of last eye exam referred by

PLEASE COMPLETE BELOW IF PATIENT IS A DEPENDENT

parent / guardian parent / guardian
name
address

home phone
mobile/other
email
occupation

ACKNOWLEDGMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

We are required by law to maintain the privacy of your Protected Health Information. Our Notice of Privacy Practices is available to you on our website at [vision411.com/patient center](http://vision411.com/patient-center) or on paper by request. If you have any questions about this form, please ask to speak to our HIPAA compliance officer in person or by phone at 703-278-2225.

Please sign here to acknowledge receipt of our Notice

(Electronic signature must match printed name of patient or at least one parent/guardian from above.)