Pre-Registration Form

Columbus Retina LLC 567-712-2224
658 W. Market St, Suite 217, Lima, OH 45801
Fax: 838-232-3541

Identification

First Name:_____ MI:_____ Last Name:_____
D.O.B:_____ Mobile #:_____
Home #:_____ Email:_____
Address:_____
Zip Code: _____ State:_____
PCP:_____

Demographics

Race:_____ Ethnicity:_____
Marital Status:_____ Smoking Status:_____
Drinking Status:_____ # of falls in the last year:_____
Emergency Contact:_____

Insurance

*Primary
Insurance Policy:_____
Group #:_____ Policy #:_____
Payer ID:_____

Insurance

*Secondary
Insurance Policy:_____
Group #:_____ Policy #:_____
Payer ID:_____