



Fichte Endl & Elmer EYECARE

Date _____

CO MANAGED PATIENT

CO managed Appointment Type

- Cataract Evaluation
- LASIK Evaluation

Appointment Info

Appointment location

- Amherst Office**
2825 Niagara Falls
Suite 130
Amherst, NY 14228
Phone: 800-309-2020
- Niagara Falls Office**
6500 Porter Road
Suite 2020
Niagara Falls, NY 14304
Phone: 800-309-2020

IMPORTANT

Please FAX this form to
716-650-0490
it goes directly to our
call center.

Patients should bring a copy
of this form & their
insurance cards to their
appointment at
Fichte, Endl & Elmer Eyecare

Co managing Dr. _____

Practice Name _____

Practice Address _____

Patient Name _____

DOB _____ **Phone** _____

Dry Refraction

OD _____ X _____ = 20/ _____

OS _____ X _____ = 20/ _____

Wet Refraction

OD _____ X _____ = 20/ _____

OS _____ X _____ = 20/ _____

Notes