



# Friedrich Eye Associates, PLLC

David L. Friedrich, MD

Aaron G. Thompson, OD

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

Dear New Patient:

We are honored that you have chosen Friedrich Eye Associates, PLLC to provide you your medical and/or surgical eye care needs. To help prepare you for your upcoming visit, please read the enclosed information.

1. To make your visit as efficient as possible, please complete the attached **Patient Registration Form** and **Medical History Questionnaire** and bring them with you to your appointment. We will also need a copy of your **driver's license** and **insurance card(s)**.

*If your insurance requires a referral from your primary physician, please call them ASAP to get your referral. We cannot see you without a referral in place at the time of your visit.*

2. It is common for both of your eyes to be dilated. We, therefore, highly recommend that you have someone accompany you here and drive you home. We also recommend this if you are scheduled for any in-office procedures or surgery.
3. Please bring a list of all medications that you use, their dosage and frequency, and the name of your doctor(s). Also bring any prescription glasses you may wear. We also suggest that you bring sunglasses; if your pupils are dilated, your eyes will be sensitive to light when you leave.
4. Our collection policy: The physicians at Friedrich Eye Associates participate in a variety of insurance plans. As a courtesy to our patients, we file all claims. You will be expected to pay your co-payment and/or deductibles at each visit. If you have any questions about your insurance or account, please feel free to contact us.

We hope this letter of introduction will help make your visit with us as pleasant and efficient as possible. If you have any questions, please do not hesitate to contact us. Again, thank you for allowing us to participate in the care of your eyes.

Sincerely,

Friedrich Eye Associates Physicians and Staff