

# WELCOME TO OUR OFFICE

TODAY'S DATE

SERRANO EYE CENTER  
4220 W. 3rd St. # 206  
Los Angeles, CA 90020  
(213) 380-8800

<b>Patient's name (이름) - 영어로</b>		<b>Birthdate (생일)</b>	<b>Marital status</b>
<b>Last Name (성)</b>	<b>First Name(이름)</b>		<b>Single</b> <input type="checkbox"/>
		<b>Sex (성별): M (남) <input type="checkbox"/> F(여) <input type="checkbox"/></b>	<b>Married</b> <input type="checkbox"/>
<b>Residence address (거주주소)</b>		<b>E-Mail</b>	
		<b>Cell Phone (핸드폰)</b>	
<b>City(시)</b>	<b>Zip code</b>	<b>Home Phone (집)</b>	

**If child, parent's name or guardian's name** (보호자 성함)

**Patient or responsible party employment (환자 또는 보호자 직장)**

**Name of company (직장이름)**

**Address (주소)**

**Phone no.(전화번호)**

**Relationship to Patient (환자와의 관계)**

<b>Social security number</b>	<b>Driver's license</b>	<b>Occupation (직업)</b>
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**Do you have medical insurance? (보험이 있습니까?)** Yes  No

**If no, how do you intend to pay? (지불 방법)**  
Check  Cash  Credit card

**Primary insurance (보험회사)**

**Insurance company**

**Subscriber name(보험가입자 이름)**

**Birthdate (생일)**

**Policy no.**

**Certificate no.**

**Supplemental insurance (추가보험)**

**Insurance company**

**Subscriber name**

**Birthdate(생일)**

**Policy no.**

**Certificate no.**

**Whom may we thank for referring you? (소개해 주신 분)**

**Personal physician (주치의)**

**Name (성함)**

**Address (주소)**

**Phone no. (전화번호)**

**What is your chief eye complaint? (눈이 어떻게 불편하십니까?)**

**Pharmacy (약국)**