

Dear Patient:

Thank you for choosing Niswander Eye Center. It is our desire to provide you with excellent and timely service.

Please fill out the enclosed forms and bring them the day of your appointment.

In addition to the **enclosed paperwork**, please bring your **current glasses and sunglasses**, if you own a pair; **photo identification (driver's license)**; your **health insurance card(s)**; insurance referral, if required by your insurance; and **any CT or MRI medical reports** pertaining to the condition you are being seen for.

**Your copayment is due at the time of your visit.**

If your appointment is for a comprehensive eye exam, plan on being at our office for 1 1/2 hours and anticipate having the pupils of your eyes dilated. Your vision will be blurred for an average of 3-4 hours. We recommend having someone with you to drive you home.

We ask that you notify us at least 24 hours in advance if you are unable to keep your appointment. A \$25 charge will be made for missed appointments or cancelled appointments without 24 hours notice.

**IF THE PATIENT IS UNDER 18 YEARS OF AGE:** A parent or guardian must accompany him/her, unless written authorization is received in our office. You may send a note along with your child or fax it to us at 634-3174. The note needs to authorize examination of your child including dilation of the pupils.

We welcome you as a patient, and hope your experience at our office is a pleasant one.

Sincerely,

NISWANDER EYE CENTER

Visit us at [www.NiswanderEyeCenter.com](http://www.NiswanderEyeCenter.com)