



Lawrence Piazza, M.D.  
Isaac J. Rudloe, M.D.  
Catherine Meyerle, M.D.

**PATIENT REGISTRATION SHEET**

PATIENT NAME: \_\_\_\_\_  MALE  FEMALE

PATIENT'S PREFERRED NAME OR NICKNAME: \_\_\_\_\_

PARENT OR GUARDIAN'S NAME IF PATIENT IS UNDER 18: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

SINGLE  MARRIED  DIVORCED  WIDOW/WIDOWER  OTHER

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME: \_\_\_\_\_  WORK: \_\_\_\_\_

CELL: \_\_\_\_\_  E-MAIL: \_\_\_\_\_

**\*\*\* CHECK YOUR PREFERRED MEANS OF CONTACT – PLEASE CHECK ONLY ONE \*\*\***

ALTERNATE CONTACT NAME \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

RELATIONSHIP:  SPOUSE  PARENT  FRIEND  CHILD  SIBLING  OTHER \_\_\_\_\_

Check here to give Coastal Eye Care staff permission to speak with your alternate contact regarding health issues

WHAT PHARMACY DO YOU USE? \_\_\_\_\_ IN WHAT TOWN? \_\_\_\_\_

DO YOU GRANT COASTAL EYE CARE THE AUTHORITY TO DOWNLOAD YOUR MEDICATION HISTORY  
AUTOMATICALLY FROM YOUR PHARMACY? YES NO

WOULD YOU LIKE TO ESTABLISH A PATIENT PORTAL ACCOUNT (EMAIL REQUIRED)? YES NO

FAMILY PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

REFERRED BY DR: \_\_\_\_\_

**RELEASE OF INFORMATION**

I hereby authorize release of information to Medicare and request that payment of Medicare benefits be made on my behalf to Coastal Eye Care, P.A., for any covered services furnished to me by the providers at Coastal Eye Care, P.A.

For all other insurances, I authorize Coastal Eye Care, P.A., to release medical information needed by my insurance company for the purpose of providing medical and surgical eye care services.

I hereby acknowledge the receipt of the Notice of Privacy Practices given to me.

**\*\* PLEASE SIGN AND DATE ONLY ONCE \*\***

TODAY'S DATE \_\_\_\_\_ PATIENT'S SIGNATURE \_\_\_\_\_

UPDATES: I hereby acknowledge that I have reviewed both sides and updated all information.

*(or Responsible Party/Sponsor)*

DATE \_\_\_\_\_ PATIENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PATIENT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_ PATIENT'S SIGNATURE \_\_\_\_\_



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207-667-6300  
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The mission of our professionally trained staff is to provide the highest quality medical and surgical eye care in a modern, state of the art, facility. We hope your experience with Coastal Eye Care is pleasant and all of your concerns are addressed in a considerate and professional manner. Please feel free to ask for further clarification should you have questions. Our staff is always willing to help. In anticipation of your visit to Coastal Eye Care, the following information will provide you with an understanding of our office policies.

**OFFICE HOURS:** Our office is open Monday through Friday 8:00 a.m. to 4:30 p.m.

**EMERGENCY HOURS:** Emergency cases are treated during office hours as needed. However, if the office is not open, your local emergency room will accommodate your immediate needs until Dr. Piazza, Dr. Muth, Dr. Rudloe, or another on-call ophthalmologist may be contacted.

**SCHEDULED APPOINTMENTS:** Patients are seen by scheduled appointment. If you are unable to keep a scheduled appointment, or need to reschedule an appointment, we ask you call 24 hours in advance. Missed appointments may be assessed a \$25.00 fee.