



Vista Eye Care

In an effort to eliminate clipboards and pens, and to reduce time spent in our office, we would like our patients to complete their paperwork prior to their appointment with us. Please read through the following documents:

- Notice of Privacy Practices
- Financial Policy
- Preventative Eye Health Screenings
- Clean Practice Protocol

Please complete your Medical History on our website at www.VistaEyeCareCO.com:

1. Click on the “About” Menu
2. Click on “Welcome Forms and Attendance Policy”
3. Click on the “Online Forms” button
4. Complete your Medical History and securely send it our office!

By signing this form, I acknowledge that I have read and agreed to Vista Eye Care’s pre-exam paperwork listed above.

Patient Signature

Patient Name (Printed)

Patient Date of Birth

Date

Please bring this signed form with you to your appointment. If you have questions about any of these policies prior to your exam, please call us at **(303) 450-2020** or email us at info@vistaeyecareco.com.

Thank you, and we look forward to your exam with us!