



LevensonEyeAssociates.com | 904-366-3781

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## PATIENT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: ☐ M ☐ F Relationship to Responsible Party: \_\_\_\_\_

SSN: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Contact Phone Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer Phone Number: \_\_\_\_\_

Are you a resident of a nursing facility or hospice? ☐ Yes ☐ No

Referring Doctor: \_\_\_\_\_ Primary Care Physician: \_\_\_\_\_

## INSURANCE

Do you have medical insurance? ☐ Yes ☐ No

Primary Insurance: \_\_\_\_\_ Secondary Insurance: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Group Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

*Please complete this section if the policy holder is different than patient.*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

## COMMUNICATION

Levenson Eye Associates uses an automated patient communication system. Examples of these communications include appointment reminders, reminders to schedule your next appointment and important announcements about our practice.

I authorize **Levenson Eye Associates** to contact me via an automated ☐ phone/ ☐ text/ ☐ email system.

\_\_\_\_\_  
Patient / Parent or Guardian Signature

\_\_\_\_\_  
Date

Riverside Park Place  
51 Oak Street  
Suite 200  
Jacksonville, FL 32204

Mandarin  
3020 Hartley Road  
Suite 190  
Jacksonville, FL 32257

Orange Park  
905 Park Avenue  
Suite 104  
Orange Park, FL 32073

Ponte Vedra Beach  
120 A1A North  
Suite 102  
Ponte Vedra Beach, FL 32082

Knauer Building  
2535 Riverside Avenue  
Jacksonville, FL 32204