

Acknowledgment of Privacy Practices Receipt

I have received the notice of Privacy Practices from Drs. Matoba, Optometrists LLC and I have been provided an opportunity to review it.

Notice of Privacy Practices Date _____

Patient Name _____ Signature _____

MEDICATION HISTORY

Drs. Matoba, Optometrists

Patient's Name _____

Today's Date _____

Date of Birth _____

Please list all medications you are taking:

Name of Medication	Amount	How often
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EYE EXAMINATION HISTORY

Approximate date of last eye examination Month _____ Year _____

Prior eye doctor or clinic _____