

Dr. David Kingrey / Dr. Jeffrey Boomer / Dr. Finny John / Dr. Francis Soans / Dr. Jack Klenda
Vision Surgery Consultants / Waterfront Surgery Center
Phone: (316) 263-6273

East Wichita
1530 N Lindberg Cir
Wichita KS 67206

Downtown
1100 N Topeka
Wichita KS 67214

Newton
218 S Kansas Ave
Newton KS 67114

PATIENT LEGAL NAME: _____

BIRTH DATE (MM/DD/YYYY): ____ / ____ / ____

Would you like to receive appointment reminders and other communication from our office by? Text Message Number: _____

Email: _____

None Patient Initials _____ Date _____

IF YOU ARE NOT AVAILABLE - WHO MAY WE COMMUNICATE WITH?

Name:	Relationship:	Phone:	Text
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

Communicate with self **ONLY** _____

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

I acknowledge that I have received the Notice of Privacy Practices from Vision Surgery Consultants.

X _____
Signature Date

If signing this as a personal representative of the patient, describe the relationship to the patient.

Signature Relationship to patient

Date

For office use only

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

___ Individual refused to sign

___ Communications barriers prohibited

___ An emergency situation prevented us from obtaining acknowledgement