WELCOME TO OUR OFFICE

We would like to offer a warm welcome and our thanks for choosing us to provide your eye health and vision care.

In order for us to establish your file, enclosed is our new patient paperwork. Please complete both sides of the Patient Information Form. Copies of our Privacy Policy are available upon check-in, available for reading in our waiting area or on our website at www.coosbayvision.com.

Please return all forms along with a copy of your insurance card (s) and medication list from your Primary Care Provider in the enclosed pre-addressed envelope.

To ensure we have all your information up to date, please check in 10-15 minutes before your scheduled appointment as a courtesy to our staff and other patients. Our appointments usually take 60 to 90 minutes, so please plan accordingly. Dr Gates most likely will be dilating your eyes, which will cause your eyes to be sensitive to light and near vision (reading) to be fuzzy.

Please be aware payments, such as co-pays, balance for exam, glasses and/or contacts, are required at time of service.

If it is necessary for you to reschedule an appointment, we require 24 hours notice to allow us an opportunity to reserve this time for another patient. If appropriate, there will be a \$45 fee for repeat missed and/or canceled appointments.

We strive to be a fragrance free environment. Thank you for not wearing any of the following during your visit: cologne, after shave lotion, perfume, perfumed hand lotion, fragranced hair products, and/or similar products. Our chemically-sensitive co-workers and patients thank you."

We are located at 10th and Central near Mingus Park.

Please list your primary care physician	
---	--

Please list your preferred pharmacy_____

Please list your previous eyecare provider_____

We are looking forward to meeting you. If you have any questions, please feel free to call us at (541)267-4224.

Thank you, Coos Bay Vision Center