

**Welcome to Our Office!**

Vision Transformation, Inc.  
Marisa Atria Kruger, O.D., F.C.O.V.D.  
445 Union Boulevard Suite 222  
Lakewood, CO 80228  
Voice 303-865-4290 Fax 303-865-4294

Patient Name: \_\_\_\_\_  
Date: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Work phone : \_\_\_\_\_  
Mobile phone : \_\_\_\_\_  
Email : \_\_\_\_\_

If a child under age 18: School: \_\_\_\_\_ Grade: \_\_\_\_\_  
Teacher 's Name: \_\_\_\_\_  
Who is financially responsible for child? \_\_\_\_\_

**Mother's information**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home phone : \_\_\_\_\_  
Work phone : \_\_\_\_\_  
Mobile phone : \_\_\_\_\_  
Email : \_\_\_\_\_  
Occupation: \_\_\_\_\_

**Father's information**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Home phone : \_\_\_\_\_  
Work phone : \_\_\_\_\_  
Mobile phone : \_\_\_\_\_  
Email : \_\_\_\_\_  
Occupation: \_\_\_\_\_

Contact information for step-parents, grandparents or other pertinent information:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Home phone : \_\_\_\_\_

Work phone : \_\_\_\_\_

Mobile phone : \_\_\_\_\_

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

Occupation: \_\_\_\_\_

How did you learn about this office? \_\_\_\_\_

Whom should we thank for referring you? \_\_\_\_\_

- Fees are discounted by 60% if paid at the time of service. Unpaid balances over 30 days will be assessed a finance charge at the rate of 12%APR.
- Payment method (circle): Cash \* Check \* Visa \* MC \* Disc \* Care Credit \* AMEX • 2% discount for paying with Cash or Check at the time of service.
- This office does not bill insurance directly nor is this office an in-network provider.
- Special arrangements may be made for third party lien companies.

Please bring this to the attention of the receptionist BEFORE YOU SEE THE DOCTOR.

Your signature indicates that you have received our privacy policy and understand our payment policy: (Required)

Signed: \_\_\_\_\_

Date: \_\_\_\_\_