ALAN R. ECKER, M.D., F.A.A.O.
PATRICIA A. ECKER, M.D., F.A.A.O
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11 WOODLAND ROAD
MADISON, CT 06443
P: (203) 245-4242 • F: (203) 245-3164
OPTICAL DEPARTMENT: (203) 245-8016

Patient Name:_____
(first) (middle initial) (last)

Age:_____ Date of Birth:_____

Address:_____

_____

Phone:_____work_____home _____cell

Email address:_____

Employer:_____

Employer address:_____

Person to contact in case of emergency:_____
Relationship:_____Phone:_____

** How would you like to receive recall notifications?
_____email _____phone _____postcard

Medical Authorization—Assignment of Benefits

I hereby authorize the release of any medical information necessary to process claims for any and all professional services rendered by Alan Ecker, MD and Patricia Ecker, MD. I authorize the payment of any benefits due to Alan Ecker, MD, and Patricia Ecker, MD and understand any copays, deductibles and denied services will be the patient's responsibility.

Signed_____Date:_____