



MAYFAIR EYE CARE

#423 Rockyview Health Centre I, 1011 Glenmore Trail SW, Calgary, Alberta, T2V 4R6

New Patient Admission Form

Mr/ Mrs/ Miss/ Other _____ Name: _____

Address: _____

_____ Date of Birth: _____

Phone Number (Cell) _____ (Work) _____ (Home) _____

Email Address _____

Family Doctor (Name) _____ (Phone) _____

Address _____

Occupation _____

How did you hear about us? Website/ Google/ Work in building? Other (Please specify) _____

*Insurance

Alberta Health Care Insurance Plan (AHCIP) _____

Primary Personal Insurance (Name) _____ (Company) _____

Group Number _____ Policy Number _____

Secondary Personal Insurance (Name) _____ (Company) _____

Group Number _____ Policy Number _____

Government Funded Program? Alberta Works (AISH) / Interim Federal Health Certificate (IFHC) /
Veterans / Indian Affairs / Other (Please specify) _____

I.D. Number _____ Expiry _____

(*We are happy to try and direct bill for you, but you are responsible for any remainder payable)

Mayfair Eye Care
Dr M Penny OD. M Ed
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587.320.2223 mayfaireyecare.ca