

MIDDLE TENNESSEE LIONS SIGHT SERVICE, INC.

911 Westside Court
Murfreesboro, TN 37130-5101
Phone 615-849-8200 Fax: 615-907-3438
(E) tnlions@bellsouth.net

Sponsoring Club: _____ **Date:** _____

Sight Service Chairman: Lion _____ Phone: () _____

Address: _____ City: _____, TN Zip _____

EYE PROBLEM: _____

All clubs are responsible for transportation and/or eyeglasses

Patient Information:

NAME: _____ AGE _____ MALE/FEMALE _____

ADDRESS _____ CITY _____ TN ZIP _____

PHONE () _____ SOCIAL SECURITY # _____

DATE OF BIRTH _____ NUMBER OF DEPENDENTS _____ AGES OF DEPENDENTS _____

Employer Information:

Employer Name _____

Address _____ City _____ TN Zip _____

Business Phone () _____ Medical Insurance? (Y/N) _____

Medical Insurance Information:

Name of Insurance Company _____

Claims Address _____

Group # _____ Individual Policy _____

Insurer social security # _____

Government Plans:

Medicare # _____ Welfare or Medicaid # _____

Emergency contact:

Name _____ Relationship _____

Address _____ City _____ TN Zip _____

Phone # () _____

Total Family Gross Annual Income _____

I hereby authorize the attending physician and/or hospital to release any and all information including personal and financial evaluation with respect to my illness or injury, medical history, consultation, prescriptions or treatment including diagnosis or prognosis and copies of all medical records to the Middle Tennessee Lions Sight Service, Inc. and the Sight Service Committee of the sponsoring Lions Club.

Date _____

Signature of Patient, Parent or Guardian