

REFRACTIVE SURGERY
LEVEL OF INTEREST FORM



DATE _____

I am very interested _____. I am mildly interested _____.

Best time to contact me: _____
Best Phone Number _____ E-Mail Address _____

Last Name _____ First Name _____ Vision Insurance _____ DOB _____ Age _____

Eye Doctor _____

OPTIONAL INFORMATION

Address _____ City _____ Zip _____

Home # _____ Work # _____ Occupation _____

I would like someone from **The Refractive Vision Center** at the **Braverman Eye Center** to call me concerning Laser Vision Correction.

Patient Signature

Attention: Rosemary : 954-454-5340 (FAX)

Revised 1/ 08/ 2007

=====TEAR OFF (OPTIONAL)=====

The Refractive Vision Center at the **Braverman Eye Center**
1-888-954-LASIK ATTN: ROSEMARY
1935 E. Hallandale Beach Blvd .
Hallandale Beach, Fl. 33009
www.bravermaneyecenter.com