

**HEALING  
THE  
EYE**  
**& Wellness Centers**

**PLEASE COMPLETE AND RETURN THIS PAGE ALONG WITH :**

- PATIENT REGISTRATION FORM
- FINANCIAL AGREEMENT
- TREATMENT CONSENT
- MEDICATION / SUPPLEMENT LIST
- AUTHORIZATION FOR DISCLOSURE OF HEALTH INFORMATION
- COPIES OF EYE RECORDS (LAST THREE YEARS PREFERRED)
- MICROCURRENT STIMULATION EVALUATION AND CONSENT FORM
- BILLING INFORMATION

**PLEASE RETURN ALL RECORDS AND PAPERWORK  
TO PITTSBURGH OFFICE .**

**Pittsburgh, Pennsylvania Office  
Healing the Eye & Wellness Center**

**Phoenix, Arizona Office  
Healing the Eye & Wellness Center**

**PATIENT NAME:** \_\_\_\_\_

**TELEPHONE NUMBER** \_\_\_\_\_

**DATE OF SCHEDULED APPOINTMENT** \_\_\_\_\_

**I AM INTERESTED IN STARTING MCS TREATMENTS FOLLOWING MY  
CONSULTATION (Macular Degeneration Only):** Yes \_\_\_\_\_ No \_\_\_\_\_

**Phoenix, AZ Office**

**Pittsburgh, PA Office**

**Telephone Consultation**

**Healing the Eye & Wellness Centers  
Dr. Edward C. Kondrot, MD (H), CCH, DHT  
1-800-430-9328**

**www.healingtheeye.com**

**1.800.430.9328**